1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1A-1. CoC Name and Number: MN-508 - Moorhead/West Central Minnesota CoC

1A-2. Collaborative Applicant Name: Housing & Redevelopment Authority of Clay County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Wilder Research

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	No	No
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	No	No	No
Local Jail(s)	No	No	No
Hospital(s)	No	No	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	No
Substance Abuse Service Organizations	No	No	No
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No	No
CoC Funded Victim Service Providers	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	No
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Not Applicable	Not Applicable	Not Applicable
Other homeless subpopulation advocates	Yes	Yes	No
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
NW MN Legal Services & Community Action Agencies	Yes	Yes	Yes
ESG Funded Projects, Prevention Providers, MN Homeless Coalition	Yes	Yes	Yes
Veterans, County Veterans Services, MN Veterans Council, MN Workforce Center, Social Services,	Yes	Yes	No

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.
(limit 1000 characters)

The CoC strategically solicits input and participation from a broad range of stakeholders (members, consumers, community, funders) including: task force & board membership, committees, focus groups, online surveys, presentations, and email feedback.

CoC staff & members represent the CoC on various local and state committees. Examples include:
1) Social services (Clay) and mental health (Solution, Lakeland, CCRI) staff held meetings with CoC members to discuss integrating mainstream support services into our Coordinated Entry System (CARES);

2) The CoC hosted 3 regional focus groups on ending homelessness for youth & families engaging: 3 school liaisons, 2 DV providers (Lakes Crisis, Someplace Safe), 3 social services agencies, 2 mental health agencies, 4 youth programs, all family homeless programs (CoC & ESG), and NW MN Legal Services.

3). 3 CoC Board members participate in West Central Initiative Family Economic Success, Jobs, Career and Employability Committee.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Lakes & Prairies Community Action Partnership - HYA	No	Yes	Yes
Mahube-Otwa Community Action - HYA	No	Yes	Yes
West Central MN Communities Action - HYA	No	Yes	Yes
Clay County HRA - Highly Mobile Youth Program	No	Yes	Yes

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Lakes Crisis	Yes	No
Someplace Safe	Yes	No

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors? (limit 1000 characters)

Task force members annually review progress towards federal, VA, state, and regional plans to create an annual CoC work plan. CoC board, staff, committees and partners are assigned to specific goals.

CHRONIC: The CoC & Coordinated Entry (CARES) policies prioritize CH in PSH. CARES Committee monitors adherence.

VETERANS: The regional VA, County Veterans Officers, and MN Assistance Council for Veterans (MAC-V) are members of the CoC. A VA representative serves on the CoC Board and has an advisory position on the CARES Committee. The CoC Coordinator meets quarterly with the VA to align CoC and VA plans.

FAMILIES/YOUTH: In 2015, the CoC hosted three regional focus groups collaboratively with regional Family Homeless Prevention & Assistance groups to gain input on goal enhancement and identify additional goals. CoC Board will monitor.

OTHER: CES has helped the CoC evaluate and improve response to all populations. The CES Board monitors overall needs and outcomes.

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015.
(limit 1000 characters)

The CoC invites interest year round from any eligible entity. In June, the CoC announced that reallocation and bonus projects would likely be part of the 2015 competition. In September, the CoC sent an email announcement and posted on the CoC website the competition calendar and process for new and renewal applicants to submit their Intent to Apply and Threshold Assessment. Projects were invited to reallocate funds. Pre-applications were reviewed for eligibility and need. No new reallocation projects were requested and three new bonus projects expressed interest - one from an existing agency. One agency withdrew interest due to staff changes and the remaining two were encouraged to discussing forming a single application since both were for RRH in the same service area. The projects did form a single application.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?	Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Not Applicable
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	2	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	2	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	2	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00 %

1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).
(limit 1000 characters)

MOORHEAD: Moorhead staff held five 2 hour meetings with CoC staff and member agencies to gain data for the 2014 con plan development. City staff also requested PIT, HIC, APR and CARES Data from the CoC. The draft plan was presented for a 30 day comment period and members provided input, online and at the hearing, which was included in the plan. The CoC also provides quarterly updates for CAPER reports. City staff are members of the CoC.

STATE: The CoC and member agencies help to identify key needs and provided feedback to state staff. State and CoC participate in 2-3 hours monthly of State CoC meetings where goals, needs and performance issues are discussed. State staff are also members of the MN Interagency Council on Homelessness (MICH) who has monthly representation at our CoC meeting. Provider feedback, PIT data and HMIS data is provided when requested or needed through emails and phone calls.

1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities.
(limit 1000 characters)

ESG recipients participate in monthly CoC meetings, committees, focus groups and annual planning. Specifically, 3 recipient agencies are members of the performance evaluation committee where Written Standards and annual performance goals are established and reviewed. The CoC also participates in statewide ESG planning & evaluation, ranking ESG applications and participating in feedback sessions with state staff. Existing state performance standards were developed with input from CoC representatives (HMIS data, local needs/gaps, PIT data). When there are relevant performance issues identified at state monitoring visits, the State shares outcomes and seeks collaboration to improve performance. With the development of expanded HMIS CAPER format and CoC System Admin 1, there will be additional opportunities for the State ESG recipient to work with CoC Coordinators to establish and review additional performance outcomes. ESG is an essential part of our homeless response system.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

Victim and domestic violence service providers are an essential part of the CoC homeless response system and seeks to assure our system is engaging providers and responsive to the unique safety and sensitivity concerns. The CoC engaged victim service providers in discussion on assuring Coordinated Entry (CARES) was designed to assure the safety, choice and sensitivity of victims. The primary goal was to assure equal and easy access while assuring safety. There are two providers in our region, both of which are members of the CoC Task Force. CARES priority list was created with no identifying information (no name, DOB, or SS#) listed to help both assure safety and privacy and prevent discrimination. Since the referral agency is listed, DV providers decided to have additional safety and asked CAP agencies go to DV providers to conduct assessments vs. having them done by DV staff. When available, client choice of location, type (scattered vs. fixed) and program is offered.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Clay County HRA (CCHRA)	21.21%	Yes-HCV
Moorhead Public Housing	30.76%	Yes-Both
Douglas County HRA	16.67%	No
HRA of Fergus Falls	0.00%	No
HRA of Detroit Lakes	0.00%	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.
(limit 1000 characters)

Our region is fortunate to have many non-federal supportive housing programs for persons experiencing homelessness including:

1)The State of MN funds 146 Long-term Homeless Vouchers;

2) Gateway Gardens - CCHRA & State of MN 24-bed PSH;

3) Dream Catcher Homes- White Earth Tribe funds 60 beds for families;

4) House Keys Rapid-Rehousing Vouchers - MH Collaborative and private funding - 37 beds;

5) West River Town Homes - PH, EDA, and State funding - 28 beds;

6) CCHRA Highly Mobile youth vouchers - 116 beds - estimate only 3 vouchers meet HUD homeless as only requirement is family has to be highly mobile and at-risk of homelessness - not literally homeless;

7) Moorhead PH (23) and Douglas County PH (43) have state Bridges vouchers for homeless (state and federal def.) who have a SMI. The CoC has also talked with HRA's currently not utilizing preferences and Detroit Lakes will be working with the CoC to establish for 2016; and

8)The CoC also had $995,400 in Family Homeless Prevention & Assistance (FHPAP) funds in FY14-15 which provide utility, rent and deposit assistance to market rate housing. An additional $104,360 was awarded for FY16-17.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	
No strategies have been implemented:	
Education, awareness and public relations: PR on Facebook Page & CoC Website	X

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities	X
None:	

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)

N/A

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)

CARES has multi, well advertised (outreach cards, in meetings, emails and on CoC & partner websites) access and assessment sites targeted by geography and sub-population.
The stages include:
1) Diversion: First assesses safety, then either links to community & mainstream resources or refers to next stages based on answers;
2) Prevention: Targets and priorities FHPAP funding;
3) Housing: Uses VI-SPDAT score with supplemental eligibility questions to assess and prioritize for linkage to dedicated HIC TH, RRH or PH beds. A central priority list using non-identifying information assures equal access and respects safety and privacy; and
4) Barriers: uses SPDAT prior to entry and every 3 months for comprehensive need and strengths assessment.

In August, Housing Navigation was added to assist households with a mental illness and without housing case management to more successfully seek and maintain housing.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	X					
CDBG/HOME/Entitlement Jurisdiction	X					
Law Enforcement		X				
Local Jail(s)		X				
Hospital(s)		X				
EMT/Crisis Response Team(s)		X				
Mental Health Service Organizations	X	X	X	X	X	
Substance Abuse Service Organizations		X				
Affordable Housing Developer(s)	X	X	X		X	
Public Housing Authorities	X	X	X		X	
Non-CoC Funded Youth Homeless Organizations	X	X	X	X	X	
School Administrators/Homeless Liaisons	X	X	X		X	
Non-CoC Funded Victim Service Organizations	X	X	X	X	X	
Street Outreach Team(s)	X	X	X	X	X	
Homeless or Formerly Homeless Persons	X					

Legal Services	X	X	X			
County Social Services	X	X	X		X	
Veterans Services	X	X	X	X	X	

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	7
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	7
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	X

Performance outcomes from APR reports/HMIS	
Length of stay	X
% permanent housing exit destinations	X
% increases in income	X
mainstream resources, employment income	X

Monitoring criteria	
Participant Eligibility	X
Utilization rates	X
Drawdown rates	X
Frequency or Amount of Funds Recaptured by HUD	X
LOCCS draw downs, HUD monitoring reports	X

Need for specialized population services	
Youth	X
Victims of Domestic Violence	X
Families with Children	X
Persons Experiencing Chronic Homelessness	X
Veterans	X

None	

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

All HIC TH, RRH and PSH must utilize the VI-SPDAT and SPDAT assessments with supplemental eligibility questions and the CoC prioritization policies to fill open beds. PSH projects must accept those with the most severe service needs and vulnerabilities according VI-SPDAT/SPDAT score and assessment of length of time homeless, DV status, CH status, and homeless status (unsheltered vs. sheltered). Projects must also agree to Housing First, Barrier Free, and Harm reduction philosophies. Application scoring was based on compliance and with the above listed CoC and HUD policies and priorities (both through assertions and practice). In scoring and ranking, the CoC also took into account adaptations for outcomes of CH projects who served the highest barriers participants.

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)

The CoC membership reviewed and voted on the proposed scoring criteria, ranking, and reallocation process brought forth from committee. All documents were emailed to membership and posted on the CoC website once approved. Projects were notified via email of their score deficiencies and proposed ranking, as well as their the final ranking. The final ranking was approved on November 4th and also sent to membership and projects. It was posted on the CoC website on November 4th with spelling edits made on November 5th and 16th.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)	11/16/2015
1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)	No
1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)	11/04/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?	Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients.
(limit 1000 characters)

The CoC publishes an annual review calendar for ESG and CoC projects. CoC projects are reviewed 5 to 30 days prior to the submission of their APR. The CoC has a standard performance review form which is incorporated into the annual NOFA application review. As part of the application process, projects must complete a Threshold Assessment. Application review includes agency administrative capacity, need, utilization, target population goals, CoC participation, report compliance, Coordinated Entry participation, compliance with prioritization policies, LOCCS/budget reports, APR review, HUD objective and goal achievement, HMIS participation, data quality, and understanding and integration to core philosophies (Harm Reduction, Housing First, and Client Centric). Under performing projects may be subject to more frequent review for potential reallocation. However, focus is first on providing support, education and technical assistance to improve the project.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps?	Yes
1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit.	Yes
2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.	1-3
2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.	Yes
2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?	Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)? Applicant will enter the HMIS software name (e.g., ABC Software).	Service Point
2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Applicant will enter the name of the vendor (e.g., ABC Systems).	Bowman Systems

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Statewide

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$33,359
ESG	$1,002
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$34,361

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	$0
Department of Health and Human Services	$0
Department of Labor	$0
Department of Agriculture	$0
Department of Veterans Affairs	$0
Other Federal	$0
Other Federal - Total Amount	$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	$0
County	$0
State	$7,358
State and Local - Total Amount	$7,358

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	$0
Organization	$0
Private - Total Amount	$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$9,242
Other - Total Amount	$9,242

2B-2.6 Total Budget for Operating Year	$50,961

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/15/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	99	21	78	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	98	0	97	98.98%
Rapid Re-Housing (RRH) beds	80	0	80	100.00%
Permanent Supportive Housing (PSH) beds	508	0	508	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)

N/A

2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below. (limit 1000 characters)

VA Domiciliary (VA DOM):	
VA Grant per diem (VA GPD):	
Faith-Based projects/Rescue mission:	
Youth focused projects:	
HOPWA projects:	
Not Applicable:	X

2C-4. How often does the CoC review or assess its HMIS bed coverage? Semi-Annually

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	4%	2%
3.2 Social Security Number	5%	14%
3.3 Date of birth	1%	0%
3.4 Race	2%	2%
3.5 Ethnicity	2%	0%
3.6 Gender	1%	0%
3.7 Veteran status	3%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	3%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	15%	3%
3.15 Relationship to Head of Household	6%	0%
3.16 Client Location	2%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	2%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	X
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	X
Annual Homeless Assessment Report (AHAR) table shells:	X

	☐
None	☐

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 6

2D-4. How frequently does the CoC review data quality in the HMIS? Quarterly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	X
VA Grant and Per Diem (GPD):	X
Runaway and Homeless Youth (RHY):	X
Projects for Assistance in Transition from Homelessness (PATH):	X
	☐
None:	☐

**2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date.
(limit 750 characters)**

N/A

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count?	Yes
2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy):	01/22/2015
2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?	Not Applicable
2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy):	05/15/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	X
Random sample and extrapolation:	
Non-random sample and extrapolation:	

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	X
HMIS plus extrapolation:	
Interview of sheltered persons:	
Sample of PIT interviews plus extrapolation:	
HMIS plus agency survey for NON-HMIS programs	X

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology.
(limit 1000 characters)

A complete census count was planned and conducted incorporating the 14 HUD standards utilizing HMIS as the primary source. It was organized and completed in collaboration w/ a statewide count. Sites were identified, reviewed, verified, and provided with written instructions and training to assure data was accurate. HMIS users were instructed to have data current and clean. Non-HMIS users were instructed on who to count, as well as how to collect and report non-duplicate data. Uniform data was collected from both HMIS and non-HMIS sites and was collected only on the night of January 22nd. The state HMIS system administrator, state PIT lead (MN ICH office), and CoC Coordinator reviewed data for quality and accuracy (de-duplication, compared to past counts, follow-up with sites) and presented count reports to CoC for review and approval prior to publishing. The CoC elected this methodology to assure count was as accurate as possible and coordinated with statewide efforts and goals.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

The only change from 2014 was that an added layer of statewide organization and review was added with the MN Interagency Council on Homelessness (MICH) taking the lead in planning.

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	X
Provider follow-up:	X
HMIS:	X
Non-HMIS de-duplication techniques:	X

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

An additional level of reminders and duplicate instructions were provided by MN ICH.

2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?	Yes
2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):	01/22/2015
2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?	Not Applicable
2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):	05/15/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	
Night of the count - known locations:	X
Night of the count - random sample:	
Service-based count:	X
HMIS:	
Street Count	X

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

A known location and street outreach count (identified by homeless persons and outreach staff) was planned and conducted incorporating HUD standards, using a statewide Survey tool as the primary source. It was organized and completed in collaboration with a statewide count. Known sites were identified, reviewed, and verified. Sites and Outreach leads were provided with written instructions and training to assure for accuracy and safety. Surveys used identifying information to help with de-duplication. Uniform data was collected only on the night of January 22nd. The state PIT lead (MN ICH office), CoC Coordinator, and County Coordinators reviewed data for quality and accuracy (de-duplication, compared to past counts, follow-up with sites) and presented count reports to CoC for review and approval prior to publishing. The CoC elected this methodology to assure count was as accurate as possible and coordinated with statewide efforts and goals.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count).
(limit 1000 characters)

The only change in this years count was utilizing a statewide tool vs. varying tools for each CoC. This also provided an added layer of review and source of reminders and training.

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	X
"Blitz" count:	X
Unique identifier:	X
Survey question:	X
Enumerator observation:	X
None:	

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method).
(limit 1000 characters)

The only change was that the tool was a statewide tool vs. unique CoC tool so additional training and support was available from the state level.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

		2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		214	242	28
Emergency Shelter Total		145	153	8
Safe Haven Total		0	0	0
Transitional Housing Total		58	81	23
Total Sheltered Count		203	234	31
Total Unsheltered Count		11	8	-3

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons		244
Emergency Shelter Total		86
Safe Haven Total		0
Transitional Housing Total		158

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)

Our Coordinated Entry System (CARES) utilizes uniform Diversion and Prevention screens to direct, target and prioritize at-risk households to the best intervention. Services range from mainstream referrals (based on screen) to provision of MN Family Homeless Prevention and Assistance funds (rent, utilities, mortgage, deposit, etc). CARES collects data and monitors outcomes from both tools to identify the success of the interventions and to help identify characteristics and risk factors of those seeking assistance to improve targeting.

The CoC also has a provider-tenant-landlord committee, Successful Outcomes for Tenants and Landlords (SOFTL), focused on reducing evictions, improving relationships, and making housing searches more successful for persons with barriers. The SOFTL committee holds quarterly landlord brown-bags and provides non-binding mediation services to prevent evictions.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)

MN HMIS is working with Bowman Systems to identify HMIS reports to better monitor length of time homeless. CARES incorporates rapid (0-14 days) assessment (VI-SPDAT) and referral to shared prioritization list. Weekly prioritization team meetings of providers referring and accepting clients to assure rapid linkage and entry to open units. Priority is given to highest score in each component (TH, RRH, PH) and the most vulnerable are prioritized for Emergency Shelter and Permanent Housing per CoC policy. CARES has proven to save time for both providers and consumers, previously spent on filling our various forms and navigating the system.

Housing navigators were added in August (after months of planning and fundraising) to assist persons without housing case management more easily and rapidly find, secure and stabilize in housing. Additional navigators are planned for 2016 to expand to all populations.

* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited		51
Of the persons in the Universe above, how many of those exited to permanent destinations?		41
% Successful Exits		80.39%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH		201
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?		178
% Successful Retentions/Exits		88.56%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

The CoC performance committee monitors housing stability for CoC funded projects through APRs and will expand to system-wide in 2016 with expanded HMIS capabilities (Bowman reports and LSA role).

CARES committee uses Spreadsheets outside of HMIS to track scores, prioritization and referral outcomes.

MN Housing conducts a return to shelter report for Family Homeless Prevention Projects that is used to better target and plan services.

STRATEGIES:
1) The CoC has adopted harm reduction, barrier free and Housing First principals to help house or keep people housed, despite their current behavior or cooperation with services;

2) CARES is used to link households to the most appropriate housing intervention and identify key barriers, strengths and goals on a client by client basis both prior to and once in housing; and

3) Housing Case Management education and Housing Navigation were added because they are known strategies to improve outcomes including housing stability.

3A-6. Performance Measure: Job and Income Growth.

**Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy).
(limit 1000 characters)**

1) The CoC performance committee monitors CoC project performance on earned and unearned income sources, providing feedback to projects on improving outcomes, including specific recommendation on resources that agencies should be connecting participants to.

2) MN DHS funds regional SOAR advocates. SOAR is promoted by the CoC (website, ARP reviews and annual presentation).

3) The CoC partners with the FM Coalition for Homeless Persons to host an annual Second Chance Job Fair (April 2015) for homeless and at-risk persons with barriers to employment. On site interviews, clothing closet, supplies, resume help, legal services, hair cuts, and mainstream employment agencies are available. 407 registered of which 161 were CH.

4) The CoC has planned focus groups for 2016 on identifying income and education strategies as a means to end homelessness. Employers, advocates, homeless, employment organizations and providers will be invited.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)

Projects report between 23% and 56% of participants utilize regional MN Workforce Centers and Certified Employment Programs. Transitional employment programs are also a key referral source for persons with SMI. The VA also provides supportive employment and transportation services for eligible Veterans.

The CoC leadership and members participate and promote the annual Project Connect-Second Chance job fair.

Projects also utilize SPDAT assessments to determine participant goals and barriers related to accessing and maintaining employment.

3A-7. Performance Measure: Thoroughness of Outreach.

How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)

1) CARES Diversion, Prevention and VI-SPDAT were conducted in coordination with the statewide Homeless survey and outreach cards distributed for survey and PIT. PC committee coordinated.

2) Known service locations (food banks, on-site meals, homeless health, social services, detox, etc.) offer access or referrals to CARES Coordinated Entry system and "Where to Go for Help" outreach cards. The FM Coalition updates card.

3) CAPs, VA, and MH PATH staff provide outreach to shelters and on-site meal programs. Projects coordinated outreach.

4) The CoC piloted and is planning central access to shelter through a toll free phone line for 2016. The CARES Board plans and evaluates.

5) Translators are available at PCC events for homeless surveys and as requested by agencies from Cultural Diversity Center. Mahube-Otwa has Spanish translator on staff.

6) Regional Mental Health Drop in centers have information on CARES. CARES Implementation Committee provides PR materials.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? No

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)**

N/A

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

		2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons		26	40	14
Sheltered Count of chronically homeless persons		23	39	16
Unsheltered Count of chronically homeless persons		3	1	-2

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

CH sheltered persons increased by 16. While we prioritize CH, many CH linger in shelter w/ vouchers due to the tight housing market and lack of case management support to help them successfully search for housing. Data helped approach funders to request housing case management curriculum and hire navigators. The first navigator was in place in August and 3 additional will start in January 2016. The first training will take place in November 2015.

The FMCHP is seeking to expanded funds for risk mitigation. This program started 1 year ago and has helped landlords take mitigated risks on high barrier households because the need is greater than funding.

There was one Unsheltered CH, a decrease by 2. Church winter sheltering continued in the FM area for the 4th year assuring every homeless person has a bed. The one person counted was in their vehicle and traveling. They presented in a location without shelter and did not want to drive or be transported to shelter.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(read only)

1). The CoC will reduce and reallocate funding to add one NEW PSH project for 2 single Chronically Homeless persons and one NEW PSH for 5 CH families (15 beds) in the 2013 competition. One bed was awarded in the 2012 NOFA.
2). The CoC will convert 5 non-dedicated PSH beds to CH by January 2014 PIT Count. The number was identified through System Mapping. The CoC underwent a system mapping process in 2013 and will update the Continuum's unmet need section in 2014 and 2015 based on the PIT and HIC counts and data usage as identified in HMIS. Need for additional units will be determined following the system mapping process.
3). In August 2013, the CoC adopted a policy to prioritize chronic homeless in all CoC funded Chronic Homeless Programs. This policy was expanded to ALL PSH programs in November 2013.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished?
(limit 1000 characters)

All of the strategies were accomplished. The CoC both reallocated and added dedicated Chronic Homeless beds over the past two years. Our CoC went from 54 dedicated CH beds in 2013 to 71 CH beds in 2015.

The CoC expanded policy to all PSH projects. VI-SPDAT scores, length of time homeless, vulnerability, use of services, and CH status are utilized for the CARES prioritization process.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	69	71	2

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

The CoC added 2 dedicated CH beds from the Lakes & Prairies PSH programs. These beds were prioritized in the past, but dedicated in preparation for merger of grants into a CH project.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ? Yes

3B-1.4a. If "Yes", attach the CoC's written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC's update. Page 3

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness		FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.		127

Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	23
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	23
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.6a. If "Yes," what are the strategies implemented by the CoC to maximize current resources to meet this goal? If "No," what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

Over the past two years, 17 additional PSH beds have been dedicated to CH. Additionally, West Central Coordinated Entry (CARES) is designed to prioritize Chronic Homeless in ALL PSH beds, which has resulted in rapid issue of vouchers to CH on the priority list. Often there are no CH to be issued vouchers or admitted to programs. Unfortunately, finding landlords to rent to CH with vouchers has been challenging. The CoC has added Housing Navigators and expanded a pilot Risk Mitigation fund to improve the housing search for this population in the tight market. The Ending Homelessness subcommittee is also working on other education and relationship goals with landlords and providers including: Housing Case management and quarterly landlord brown bags.

3B. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	X
Number of previous homeless episodes:	X
Unsheltered homelessness:	X
Criminal History:	X
Bad credit or rental history (including not having been a leaseholder):	
Head of household has mental/physical disabilities:	X
Veteran Status	X
VI-SPDAT Score	X
N/A:	

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.
(limit 1000 characters)

CARES rapidly identifies, assesses, prioritizes, screens (eligibility) and links both singles and families to dedicated TH, RRH, and PSH units. Diversion and Prevention Assessments occur immediately, and Housing Assessments (VI-SPDAT) occur 0-14 days from first contact. Weekly provider prioritization meetings assure rapid entry to available units. HMIS data sharing helps rapidly document eligibility.

CCHRA was a recipient for a MN Highly Mobile Youth pilot grant to rapidly stabilize families and unaccompanied youth (w/school age members) who do not have stable housing. CCHRA will expand this pilot in FY16-17 by 10-20 vouchers (note all households do not fit HUD homeless definition). The CoC also receives $1.11 million in FHPAP funds to support rental assistance (short term), deposits, and utilities to help stabilize or rehouse families.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

		2014	2015	Difference
RRH units available to serve families in the HIC:		54	80	26

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	X
There is a method for clients to alert CoC when involuntarily separated:	X
CoC holds trainings on preventing involuntary family separation, at least once a year:	X
None:	

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	30	36	6
Sheltered Count of homeless households with children:	30	35	5
Unsheltered Count of homeless households with children:	0	1	1

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The CoC had an increase of 5 sheltered and 1 unsheltered household. There has been an increase in larger families in the shelter who have had longer stays due to their inability to find affordable housing large enough. Currently CUFH, our largest family shelter, has 3 families with 6+ children. Additionally, the tight housing market has led to stricter criminal background and credit thresholds. The CoC just completed a 1 year pilot Risk Mitigation fund which has proven successful and is in the process of seeking funds to double the fund. The CoC also has added a housing navigator to help aid in housing search and stabilization, adding 3 more Navigators CARES wide in January.

The single homeless family was in their vehicle and did not wish receive shelter. The CoC has motel vouchers and overflow shelter in the winter to assure persons are not unsheltered.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	No
LGBTQ youth homelessness?	No
Exits from foster care into homelessness?	No
Family reunification and community engagement?	No
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	X
Increase housing and service options for youth fleeing or attempting to flee trafficking:	X
Specific sampling methodology for enumerating and characterizing local youth trafficking:	
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	
Community awareness training concerning youth trafficking:	X
N/A:	

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	X
Length of time homeless:	X
Unsheltered homelessness:	X
Lack of access to family and community support networks:	X
VI-SPDAT score - youth tool	X
Victimization & disability status	X
N/A:	

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	29	21	-8

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)

The CoC saw a decrease of 8 youth. The region received State of MN Homeless and Runaway Youth (HYA) funds for the first time in 2014. This new funding opportunity added 27 transitional housing beds by January 2015. Not only did this increase our regional TH inventory, but these beds were also targeted specifically towards unaccompanied youth ages 18-24 years.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	$321,000.00	$336,000.00	$15,000.00
CoC Program funding for youth homelessness dedicated projects:	$0.00	$0.00	$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	$321,000.00	$336,000.00	$15,000.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	7
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenille justice or out of school time) attended by CoC representatives:	2
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	22

**3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local eduction liaisons and State educational coordinators.
(limit 1000 characters)**

Each year the MN Dept. of Education provides the CoC with an updated list of school liaisons. The list is distributed to CoC members with suggestions on contacting the liaison and coordinating support. Sub-regional homeless planning groups have liaisons participate in monthly meetings. The liaisons also participated in CoC Heading Home focus groups on Families and Youth in 2015. Three member agencies receive MN Homeless & Runaway Youth (HYA) funding. The state hosted a meeting for State agencies, local agencies, CoC Coordinators and liaisons in early 2015 to review McKinney-Vento and HUD goals for ending youth homelessness and help build local and regional relationships. Both liaisons and the CoC Coordinator attended.

**3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs.
(limit 2000 characters)**

The CoC Written Policies for ESG and CoC Assistance require all projects have policies to rapidly enroll (3 days) and link school age children to school liaisons, and that the needs of the children be fully and expediently assessed. When feasible, and if desired, students are to remain in their home school. The CoC Performance Committee verifies agencies compliance annually.

CARES is used to rapidly identify, assess, prioritize, screen (eligibility) and link both singles and families to appropriate dedicated TH, RRH, and PSH units, including ESG and CoC funded projects. Regional schools, social services, and regional youth collaboratives are aware of CARES access and assessment points so referrals can be made or assessors can come to the school to conduct assessments. State funded HYA providers serve as access and assessment points.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

		2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:		2	1	-1
Sheltered count of homeless veterans:		2	1	-1
Unsheltered count of homeless veterans:		0	0	0

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The PIT had 1 homeless veteran, a reduction of 1. This reflects how the CoC has been actively working with the VA and CVSO's to end Veterans homelessness for past few years. The VA, CVSO, and MN Veterans Assistance Council (MAC-V) are all members of the CoC and seek to provide rapid, comprehensive and quality service to the veterans in our region. In the 2015 PIT, the CoC promoted and used the State Veterans Registry for the first time. The registry helps identify and assure each veteran is provided all eligible housing and services and will continue to be a tool for the CoC to assure veterans are connected to appropriate services and stably housed.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF? (limit 1000 characters)

CARES is designed to rapidly identify, assess, prioritize, screen (eligibility) and link both singles and families to dedicated TH, RRH, and PSH units. When veterans are identified at the diversion, prevention or housing assessment (VI-SPDAT) level they are immediately offered linkages to VA (VASH, per diem), County VSO , or MAC-V (SSVF) for all eligible programs, while still having access to CARES prioritization. VA staff are also CARES access and assessment sites for veterans. The CoC also participates in the statewide veterans registry to help identify and staff all veterans in our region. The VA and MAC-V both follow-up on registered Veterans.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population? (limit 1000 characters)

For two years, the CoC has had a policy prioritizing veterans who are not eligible for other veterans services provided by the VA, CVSO, or MAC-V. Veteran and discharge status is a prioritization category on the CARES prioritization spreadsheet. When other eligibility status (VI-SPDAT, CH/LTH status, high service usage) are equal, preference is given to veterans who are not eligible for other veterans services.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	10	1	-90.00%
Unsheltered count of homeless veterans:	2	0	-100.00%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.

Yes

This question will not be scored.

**3B-3.5a. If "Yes," what are the strategies being used to maximize your current resources to meet this goal? If "No," what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015?
(limit 1000 characters)**

The CoC will continue to utilize Coordinated Entry (CARES), the Veterans Registry, and collaborate with veterans organizations to end veterans homelessness. CARES rapidly identifies veterans and links them to eligible veterans service agencies (VA, CSVO, and MAC-V), as well as provides a preference for veterans not eligible for other veterans services. The CoC engages the VA in CARES planning (advisory roll on governing board) and the VA serves as an access and assessment site. The CoC also continues to collaborate with the VA and MAC-V on stand down events, combining with Project Connect events (Job Fair and Services events).

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	5
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	5
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

**4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants.
(limit 1000 characters)**

Minnesota is operating a State-based Marketplace, known as MNSure. The state has expanded Medicaid coverage to low-income adults. The state funds regional enrollment navigators. All 3 regional CAPS provide health enrollment and navigation services: Lakes & Prairies, Mahube-otwa and West Central MN CAP. All are also CoC member agencies. Enrollment and counseling is done 1:1 or at community events. For FY 15 to date, Lakes & Prairies has enrolled 1,051 families. Health Care enrollment is a new question in HMIS to help better refer persons to navigators.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	X
In-Person Trainings:	X
Transportation to medical appointments:	X
Health care navigators	X
Not Applicable or None:	

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	5
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	5
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	5
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	5
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	100%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	X
Use of phone or internet-based services like 211:	X
Marketing in languages commonly spoken in the community:	X
Making physical and virtual locations accessible to those with disabilities:	X
Not applicable:	

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

		2014	2015	Difference
RRH units available to serve any population in the HIC:		54	80	26

4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?

No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
(limit 1000 characters)

N/A

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?	No

**4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.
(limit 2500 characters)**

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition?	No

**4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.
(limit 1500 characters)**

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application.	Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	
CoC Systems Performance Measurement:	
Coordinated Entry:	X
Data reporting and data analysis:	
HMIS:	X
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	
Maximizing the use of mainstream resources:	
Retooling transitional housing:	X
Rapid re-housing:	
Under-performing program recipient, subrecipient or project:	
Not applicable:	

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
HMIS	08/06/2013	4
Retooling TH	11/14/2014	3
Coordinated Entry	01/06/2014	4

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	Evidence of Commu...	11/13/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes	Evidence of Conso...	11/16/2015
03. CoC Rating and Review Procedure	Yes	MN 508 Rating and...	11/10/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC Rating and Re...	11/13/2015
05. CoCs Process for Reallocating	Yes	MN 508-Reallocati...	11/10/2015
06. CoC's Governance Charter	Yes	Governance Charte...	11/16/2015
07. HMIS Policy and Procedures Manual	Yes	MN HMIS Policy & ...	11/13/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	HRA/PHA Homeless ...	11/12/2015
10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter)	No	MN 508 HMIS MOU	11/10/2015
11. CoC Written Standards for Order of Priority	No	West Central Writ...	11/16/2015
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

Attachment Details

Document Description: Evidence of Communication to Rejected Projects

Attachment Details

Document Description: Evidence of Consolidated Application Public Posting

Attachment Details

Document Description: MN 508 Rating and Score Policies

Attachment Details

Document Description: CoC Rating and Review Procedure: Public Posting Evidence MN 508

Attachment Details

Document Description: MN 508-Reallocation Policy

Attachment Details

Document Description: Governance Charter - MN 508

Attachment Details

Document Description: MN HMIS Policy & Procedure Manual

Attachment Details

Document Description:

Attachment Details

Document Description: HRA/PHA Homeless Preference

Attachment Details

Document Description: MN 508 HMIS MOU

Attachment Details

Document Description: West Central Written Standards

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

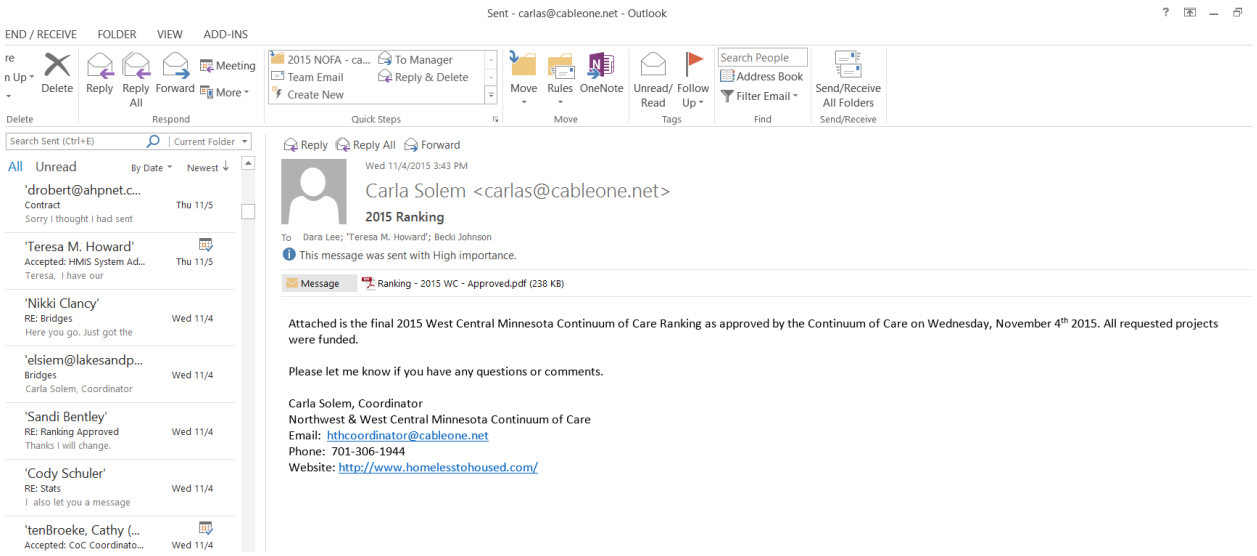
Document Description:

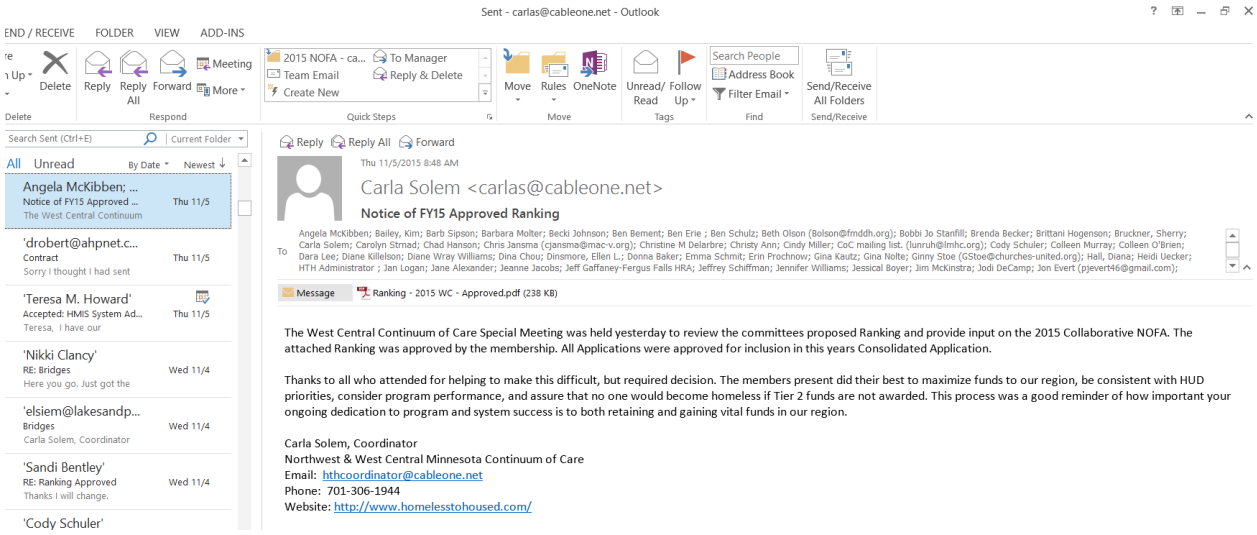
Submission Summary

Page	Last Updated
1A. Identification	11/13/2015
1B. CoC Engagement	11/17/2015
1C. Coordination	11/17/2015
1D. CoC Discharge Planning	11/13/2015
1E. Coordinated Assessment	11/17/2015
1F. Project Review	11/17/2015
1G. Addressing Project Capacity	11/17/2015
2A. HMIS Implementation	11/13/2015
2B. HMIS Funding Sources	11/13/2015
2C. HMIS Beds	11/17/2015
2D. HMIS Data Quality	11/13/2015
2E. Sheltered PIT	11/17/2015
2F. Sheltered Data - Methods	11/16/2015
2G. Sheltered Data - Quality	11/13/2015
2H. Unsheltered PIT	11/16/2015
2I. Unsheltered Data - Methods	11/16/2015
2J. Unsheltered Data - Quality	11/13/2015
3A. System Performance	11/17/2015
3B. Objective 1	11/17/2015
3B. Objective 2	11/17/2015
3B. Objective 3	11/17/2015
4A. Benefits	11/17/2015
4B. Additional Policies	11/16/2015
4C. Attachments	11/16/2015
Submission Summary	No Input Required

CoC Evidence of Communication to Rejected Projects

Projects were notified of their ranking on November 4, 2015. The CoC was notified on November 5th. The West Central CoC had no rejected projects in the FY2015 competition. The approved ranking was also posted on the CoC website.





West Central and Northwest Minnesota

Continuum of Care

hthcoordinator@cableone.net (701) 306-1944

Home

2015 HUD Continuum of Care Notice Of Funds Available!

The 2015 competition is now open. The CoC is accepting both new and renewal applications for designated homeless supportive housing projects. If you are interested in applying for HUD CoC funds in the Northwest or West Central region, please contact Carla Solem at: hthcoordinator@cableone.net or visit the Information and Data page for more information and links. Please review the FY 15 NOFA Timeline for key dates and information on this years competition. Projects interested in applying must completed the Intent to Apply and Threshold Assessment.

Northwest CoC
FY15 Scoring Tool-NW
FY 15 Ranking Policy-NW
FY15 Ranking Approved

West Central CoC
FY15 Scoring Tool-WC
FY15 Ranking Policy-WC
FY15 Ranking Approved

LETS NOT CRIMINALIZE HOMELESSNESS

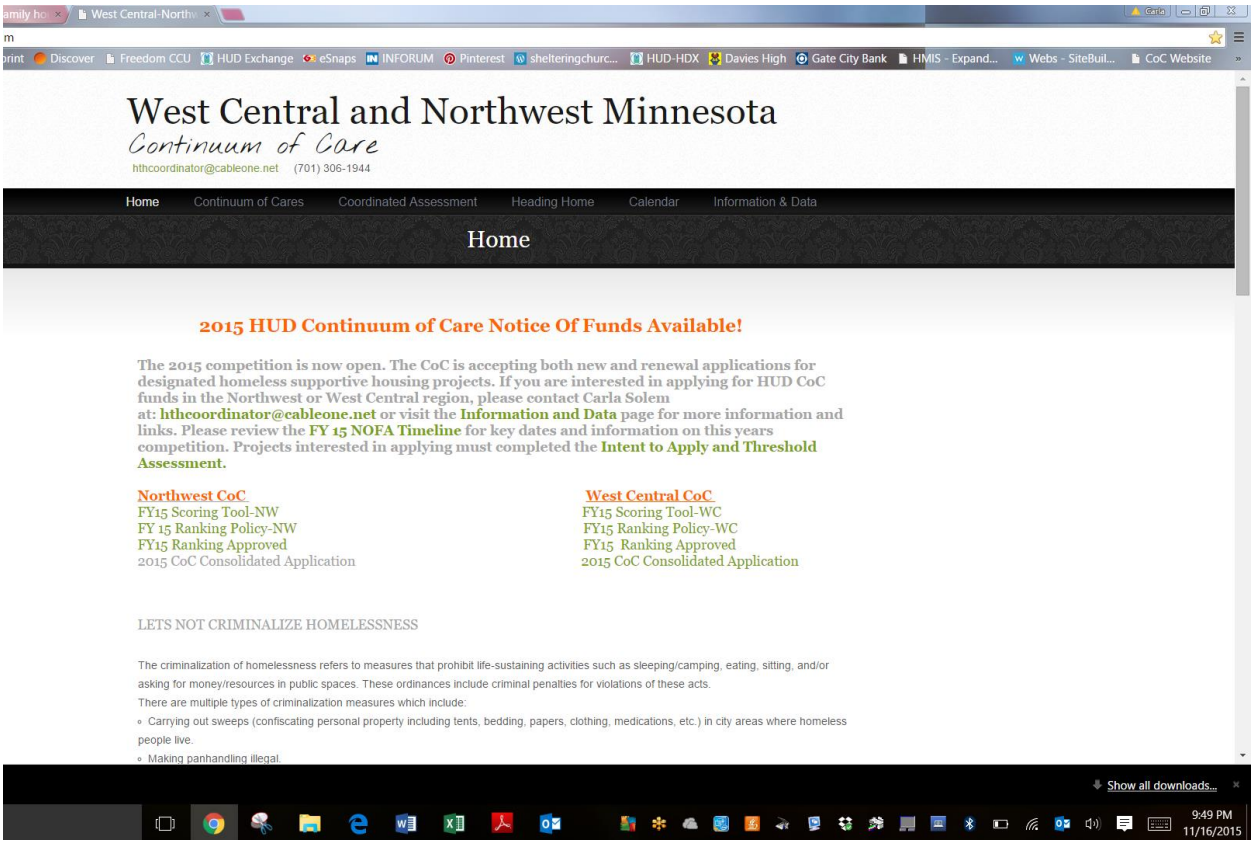
The criminalization of homelessness refers to measures that prohibit life-sustaining activities such as sleeping/camping, eating, sitting, and/or asking for money/resources in public spaces. These ordinances include criminal penalties for violations of these acts.

There are multiple types of criminalization measures which include:

- Carrying out sweeps (confiscating personal property including tents, bedding, papers, clothing, medications, etc.) in city areas where homeless

Evidence of Posting of West Central CoC Collaborative Application

The West Central MN CoC Consolidated Application was first posted on the CoC website on Friday, November 13, 2015 and updated on November 16, 2015.



2015 HUD Continuum of Care Ranking Policies

West Central MN Continuum of Care

Eligibility

To be eligible for ranking, all projects (new and renewal) must pass all facets of the CoC Application process including:

- Projects must meet all HUD eligibility criteria, as outlined in the Notice of Funding Availability (NOFA) for the Fiscal Year 2015 Continuum of Care Competition;
- Projects must submit the Intent to Apply and Threshold Assessment;
- Projects must submit a complete Project Application in esnaps by October 14, 2015. Note there will be an opportunity for edits following review and ranking;
- Project must complete the HUD threshold requirements. Projects with outstanding HUD audit findings, history of ineligible participants, evidence of untimely expenditures, or financial management concerns, may be eliminated from competition; and
- Project Applicants must have a DUNS # and complete or renew registration in SAM to compete.

Projects that do not meet all the criteria outlined above will be defunded via reallocation in the 2015 competition.

GUIDEANCE ON REQUIRED TIERS

HUD has made $1.89 billion available in FY15 CoC Competition and expects to have sufficient funding for all renewal projects. However, CoC's are still required to review and rank all projects, except Planning, into two tiers (Tier 1 and Tier 2). Tier 1 will equal 85% of the CoC's Final Pro Rata Need Amount (FPRN). Tier 2 will equal 15% of the CoC's FPRN plus eligible Bonus Project(s). The Planning Grant is not ranked.

- Tier 1 = $680,288
- Tier 2 = 15% (120,051) + Potential Bonus ($120,051)
- Planning Grant= $24,010
- Total Available request amount = $944,400

Projects will be able to straddle Tier 1 and Tier 2 in this year's competition. CoC score and project score will determine which projects from Tier 2 will be conditionally selected. HUD will award a point value to projects in Tier 2 using a 100 point scale as outlined below:

- CoC Score 60 points;
- Ranking 20 points based on HUD formula;
- Project type 10 points for PH (PSH & RRH) renewals, HMIS CES and TH Youth, 3 pts for TH (non-youth), and 1 pt for SSO; and
- Commitment to HUD Policies 10 points (low barrier, rapid placement, Housing First, CES – HMIS and CES projects automatically receive pts.)

RANKING PROCESS

The CoC Ranking Committee will thoroughly review each project during the ranking process utilizing the approved FY15 CoC Ranking Tool. Projects will be assigned a score based on the following categories:

1. Leverage
2. Project Quality Threshold
3. HUD Priorities
4. CoC Participation
5. Service Plan
6. Performance
7. HMIS

The CoC will then publish the scores and invite feedback from projects, community members and CoC members. Based on feedback (verified information either negative or positive affecting score), the CoC Ranking Committee may choose to add or removing points. The Ranking Committees recommendation will go to the full CoC for vote.

Based on final score, projects will be ranked in order of priority. The CoC may reject projects due to limited funding, project eligibility, project score or significant concern for the projects inability to meet HUD thresholds.

Any project applicant being rejected by the CoC for inclusion will be notified in writing outside of eSnaps 15 days prior to the application deadline and may submit a solo application to HUD by the November 20th deadline. Rejected Applicants may submit a letter of appeals to the CoC within 2 business days of notification of rejection. The CoC anticipates notifying all projects of inclusion or rejection by 5 PM on October 30, 2015.

PROJECTS TYPES ELIGIBLE FOR RANKING

The CoC is accepting the following project types for ranking based on the FY15 NOFA:

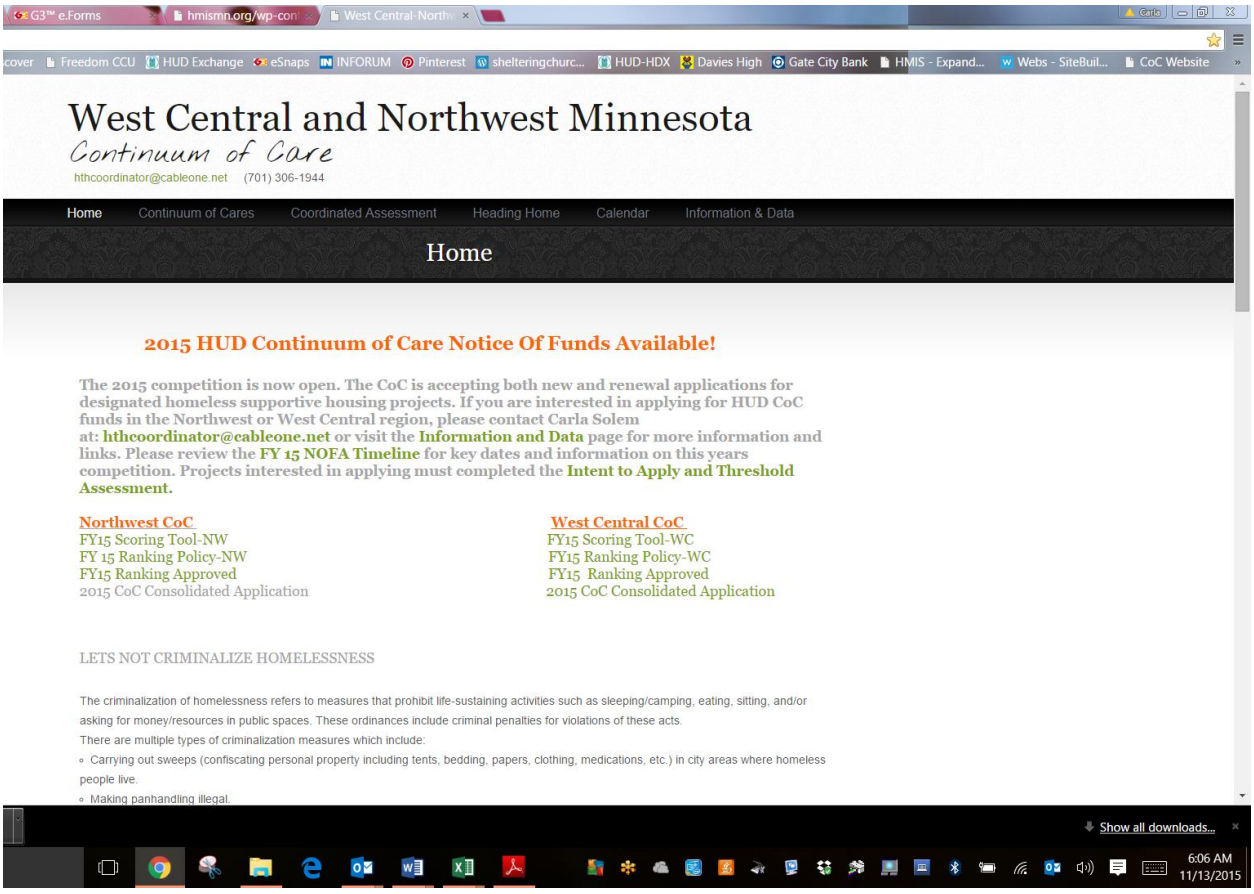
1. The following CoC Renewal projects for the amounts and categories listed below:

Applicant	Project	Grant #	Expiration Date	# units	Rental Assistance	Supportive Services	Operating	HMIS	Sub-total	Admin.	Total Request
Wilder	HMIS	MN0290L5K081401	8/31/2016	N/A				31,569	31,569	1,790	$ 33,359
CCHRA	HRA CARES	MN0101L5K081407	12/31/2016	48	384,972	104,204	0	0	489,176	28,897	$ 518,073
L&P	PSH	MN0099L5K081404	9/30/2016	17	122,532	36,213	0	0	158,745	9,083	$ 167,828
WCMCA	TH	MN0105L5K081407	6/30/2016	0	0	29,209	25,040	0	54,249	3,797	$ 58,046
WCMCA	PSH	MN0216L5K081403	9/30/2016	2	15,768	5,215	0	0	20,983	2,050	$ 23,033

2. New Permanent Housing (PH) Bonus projects for up to 15% of CoC FPRN for the following:
    a. New PH serving 100% Chronic Homeless (CH) families or individuals; and
    b. New RRH serving persons coming from streets, Emergency Shelter, fleeing Domestic Violence situations or meeting criteria in paragraph 4 of definition of homeless.
3. New reallocation projects (as funds are available) for any of the following:
    a. New PSH serving CH individuals or families;
    b. New SSO for Coordinated Entry;
    c. New RRH serving individuals and families who enter from ES or streets;
    d. New RRH serving youth who meet criteria of paragraph 4 of homeless definition; and
    e. New HMIS for the costs of 24 CFR 578.37 carried out by HMIS Lead.

Evidence of Posting of West Central CoC Collaborative Application

The West Central MN CoC Consolidated Application was first posted on the CoC website on Friday, November 13, 2015 and updated on November 17, 2015.



West Central MN CoC
Reallocation Policy

The West Central Minnesota Continuum of Care (CoC) has created this policy to guide the CoC in determining if, when and how the CoC should reallocate funds. Reallocating funds is one of the most important tools in which our CoC can make strategic improvements to our homelessness system. Through reallocation, our CoC can create new, evidence-informed projects by eliminating projects that are underperforming or are more appropriately funded from other sources.

What is Reallocation?

Reallocation refers to the process by which a CoC shifts funds in whole or in part from existing CoC-funded projects that are eligible for renewal to create one or more new projects. A reallocated project must be a new project that serves new participants and has either a rapid re-housing or permanent supportive housing program design. A new reallocated project may use resources from an existing project, including staff, but it is not simply a continuation of an existing project that serves existing participants. The new reallocated project must include a component change (i.e. TH or PSH) or a significant change in the programs population (i.e. youth to single CH).

What types of projects can be reallocated?

CoCs can reallocate funding from any project eligible for renewal in a competition year. The annual CoC Program Competition Notice of Funding Availability (NOFA) dictates what types of projects may be created through reallocation in a given competition. For example, the FY15 CoC Program Competition NOFA limited the types of new projects that could be created through reallocation to:

a. New permanent supportive housing for people experiencing chronic homelessness; and
b. Rapid re-housing to serve households with children coming from the streets or an emergency shelter.

Reallocation Process

1. In the months preceding the release of the NOFA the CoC will begin discussing at monthly CoC meetings the concept of reallocation and brainstorm potential projects. When considering the need for reallocation, various factors will be considered including: existing inventory, system needs, gaps, duplication, program performance, potential grant mergers/collaborations, Coordinated entry data, utilization rates and other funding resources (both new and existing).
2. Within 2 days of the release of the annual NOFA, the CoC will publish the CoC timeline and process for accepting renewal, new bonus or reallocated projects.
3. Within 7 days of the release of the annual NOFA, the CoC will publish an Intent to Apply and Project Threshold Application. Applicants will be asked to identify whether they intend to reallocate any funds in the annual competition.
4. At the first CoC meeting following the release of the NOFA the CoC will present and discuss potential projects for reallocation, both those being reallocated and potential new projects to seek feedback on system impact. Discussion will include system needs, gaps, duplication, program performance, potential grant mergers/collaborations and other funding options.
5. The CoC ranking committee will create proposed ranking procedures and present for vote at the first meeting of the CoC following the release of the NOFA. The ranking procedures will include a threshold for project capacity and/or performance in which reallocation will be recommended.
6. The CoC ranking committee will review projects (NOFA Application, APR, Intent to Apply, Project Threshold, performance discussion, HMIS data quality reports, meeting participation, and adherence to deadlines) and may make recommendations to the CoC for reallocation based on performance, utilization, or agency capacity. Projects may either be recommended for immediate reallocation or consideration for the following competition (if performance, utilization or capacity does not improve).

7. The CoC Coordinator will provide ranking score and feedback to each applicant, inviting feedback (verifiable reasons for poor performance or capacity and if there is a viable plan for improvement). Projects will be notified if their project is up for immediate or potential reallocation.
8. The CoC ranking committee may adjust score or reallocation recommendation based on feedback.
9. The ranking committee will present ranking and reallocation recommendations to the CoC for discussion and vote. Discussion will include system needs, gaps, duplication, program performance, and other funding options.
10. The CoC will want to assure that no one will become homeless as a direct result of reallocation prior to final vote on project ranking and tiers.

Different types of reallocation

There is no cookie cutter approach to reallocation. Although HUD may limit what types of new projects may be created with reallocated funds, it does not dictate what types of renewal projects can be reallocated or how that process should occur. Examples include:

- Funding from one project (or partial funding from one project) can be reallocated into a new project operated by the same provider;
- Funding from one project (or partial funding from one project) can be reallocated into a new project operated by a different provider;
- Funding from one project (or partial funding from one project) can be reallocated into many new projects;
- Funding from many projects (or partial funding from many projects) can be reallocated into one new project; and
- Funding from many projects (or partial funding from many projects) can be reallocated into many new projects.

While reallocation can be complicated and does not come without risk, it is a necessary part of ensuring that our CoC's homeless assistance system meets the needs of people experiencing homelessness.

WRITTEN STANDARDS FOR PROVISION OF ESG AND COC ASSISTANCE

The West Central Minnesota Continuum of Care Homeless to Housed Task Force has developed written standards for the provision of Emergency Solutions Grant (ESG) and HUD Continuum of Care (CoC) assistance which include policies and procedures for evaluating each household's eligibility to obtain ESG or CoC assistance. The standards serve as a guide for administering ESG and CoC assistance within the West Central MN region. While each program's regulation clearly define program use, the West Central CoC has further identified how program funds can best be utilized based on the needs of the homeless in our region. The West Central CoC will continue to refine its written standards as the region adapts and further develops our regional CARES (Coordinated Assessment, Referral and Enrolment System) network AND develops improved strategies for targeting resources.

The written standards were developed through a Continuum-wide System Mapping process. Information was gained from various service providers through surveys, HMIS reports, program type meetings (Emergency Shelter, Transitional Housing, and Permanent Housing), and CoC meetings. The information gathered included;

- Current/Planned Inventory
- Target Population
- Service Descriptions
- Essential Program Elements
- Eligibility/Entrance Criteria
- Eviction/Ban Criteria
- Outcomes – both program and system

Note: inventory included programs, beds, population, subpopulation served, bed type and length of stay

The information was then presented to the Continuum to further refine and define each component. The standards are designed to assure a consistent, transparent, client centric, clearly defined and coordinated process.

INCOME ELIGIBLITY REQUIREMENTS

All assistance provided through ESG and CoC Programs must benefit households who have an annual income of below 30 percent of median household income for the area based on household size, and as updated annually by HUD (with the exception of those who are currently homeless by HUD definition, but must be within 30 percent at 1 year certification). The most recent table of income limits is available at: http://www.huduser.org/datasets/il.html .

Certain rules and requirements apply in determining income, as well as eligibility;

1. ESG regulations require that income of all qualifying household members may be included in the determination of income, as may be applicable. The applicant's income must not exceed 30% of the Housing Area Median Family Income (HAMFI).
2. The ESG or CoC program staff must verify that the applicant's income meets low income criteria within thirty (30) days prior to entering ESG or CoC funded programs (excluding Emergency Shelter).

3. Staff must consider anticipated income to determine affordability prior to placing in scattered site housing where participants must transition in place.
4. ESG and CoC recipients (excluding Emergency Shelter) must determine eligibility by examining, verifying, and/or updated, as necessary, source documents and documenting in the client file, preferably through HMIS. Examples of documentation include; Last 30 days of payment stubs, self-employment profit/loss statement, agency statements (Social Security Benefits, Disability Benefits, Unemployment Compensation, Retirement Funds, Pension, Workman's Compensation, Child Support) or other applicable proof of income.
5. If the individual has no income or is paid in cash and has no way of obtaining income verification form the source, then a Declaration of Income form may be used, but only as a last measure.

COORDINATION OF SERVICES

Good coordination of services is essential to a client centric model, most effective use of resources, effective Coordinated Assessment system, and improved outcomes. Agencies receiving ESG and CoC funds must work collaboratively with household members and other providers to plan and link to resources that will help house and stabilize their consumers. ESG and CoC funds may be used in the coordination of services. Component services include:

1. Utilizing CARES to access, screen, assess and link household applying for services to homeless prevention, emergency shelter, transitional housing, rapid-rehousing, and permanent supportive housing.;
2. Advocating on behalf of individuals/families in accessing all services they are eligible to receive.
3. Assuring no access to services through side-doors;
4. Working with households to create a housing stability or independent living plan;
5. Helping participant's access services by funding, if applicable, transportation assistance to attend service appointments;
6. Prioritizing enrollment in mainstream resources;
7. Updating eligibility and availability information into HMIS and/or CARES to assure appropriate, timely and accurate linkage to services;
8. Children must be connected with school liaison for prompt enrollment per CoC policy;
9. Monitoring and evaluating program participant progress;
10. Following-up on CARES Referrals and requests for information in a timely manner;
11. Updating household intake, exit and status changes in HMIS; and
12. Following up with household after exit to inquire on housing stability and need for further linkage to service (Excluding Emergency Shelter).

SERVICE PRIORITIZATION & TARGETING

The Continuum recognizes that the demand for services outweighs existing resources; that some households entering homelessness can be diverted from ever needing to enter shelter; and that some entering shelter can resolve their housing crisis independent of further homeless supports. Furthermore, the Continuum understands that linking individuals with the right level of housing and

services is not only essential to their success in the program, but is the most efficient use of regional resources. Service prioritization is there for essential to maximize existing resources, focusing on those that are least likely to succeed without intervention and supports.

The Continuum has adopted a policy prioritizing service for the following populations within the West Central service area. The specific policies are located on the CoC website and include documentation requirements. Prioritization includes:

1. Chronic Homeless: Chronic Homeless persons and families will be given priority in CARES including preference over open shelter beds and enrollment in permanent supportive housing.
2. Families with Children and Youth: Families with children and unaccompanied youth will be given priority in Rapid-Rehousing programs at a three to one rate over adult singles.
3. Persons coming from the streets or emergency shelter: Preference will be given to those meeting the HUD homeless definition category 1 over those in other categories or those in doubled-up situations or institutionalized.
4. Minnesota Long-Term Homeless: Persons meeting Minnesota's LTH definition will be given priority for Minnesota funded programs after Chronic Homeless persons.
5. US veterans ineligible for federal, state or county Veterans benefits: Preference in permanent supportive housing will be given to US veterans who do not qualify for other veteran's services due to discharge status. Preference applies when VI-SPDAT or SPDAT score and other priorities are equal.
6. High Service Needs: Persons with high service usage and needs, as determined by the VI-SPDAT or SPDAT score, will be prioritized for permanent supportive housing following chronic homeless and long-term homeless priorities.

The Continuum has adopted the following policy on service targeting:

1. Prevention: Funds may be used to provide relocation, stabilization, and short-term rental assistance for low barrier households.
2. Emergency Shelter: Funds may be used to provide emergency shelter, motel vouchers, onsite meals, personal hygiene, case management, advocacy and housing linkage for anyone seeking shelter and known to be without safe and secure overnight sleeping accommodations.
3. Motel Voucher: Funds may be used to provide a 1-5 nights motel stay and limited case management for anyone seeking shelter known to be without safe and secure overnight sleeping accommodations and cannot access or are not eligible for emergency shelter.
4. Domestic Violence Shelter: Funds may be used to provide temporary shelter and support services for persons escaping violent or abuse situations.
5. Transitional Housing: Funds may be used to provide TH to persons who meet the federal and/or state definition of homelessness, who have moderate barriers, who display an ability to increase their income enough at exit to financially maintain stable housing; and who show a willingness to develop a housing stability plan and goals and meet with program Case manager. Individuals who have failed out of Transitional Housing in our CoC in the past will be ineligible for THP and referred to PSH. Program guidelines include:

- Financial Literacy: Basic budgeting, credit repair, debt management, consumer protection issues.
- Rental Assistance:
    - Note: Adjusted gross income is utilized for HUD.
    - 30%
    - Every 3 months.
    - Agency assistance is not to exceed the FMR.
- Case Management: Service to include needs assessment, benefits/eligibility screening, information, referral, and advocacy as necessary
    - Expect weekly contact with Minimum of monthly contact
    - Require a minimum of monthly home visits.
    - CM must work with client to set goals and develop plan of action based on barriers assessment, personal goals with a minimum of plan to include increasing household income (employment income if applicable) and maintaining stable housing.
    - Evaluate goal and plan at least quarterly and monitor at least monthly.
    - Assure all school children are connected to the school liaison and enrolled in school within ___ days.
- Advocacy: Advocate on behalf consumer to access house and mainstream resources.
- Housing Education: teaching skill sets for interacting with landlords, basic concepts of leases, and expected behaviors of a tenant

6. Permanent Housing: Funds may be used to provide PH to persons who meet the federal and/or state definition of homeless, have high-moderate to high barriers, and who have a willingness to develop a housing stability plan and goals and meet with CM. Programs guidelines include:
    - No time limits;
    - Support Services offered based personal choice and barriers assessment;
        - Range of services from intensive to minimal and mandated to voluntary.
    - Assistance with Rent subsidies;
        - Note: Adjusted gross income is utilized for HUD.
        - Cannot pay more than 30% of income towards rent and utilities.
        - To be evaluated a minimum annually.
        - Rent must be reasonable.
    - Advocacy: Advocate on behalf consumer to access housing and mainstream resources.
    - Housing Stability Plan: Consumer driven housing plan based on barriers assessment.
    - Housing Education: Basic tenant education on teaching skills

    Types and targeting of Permanent Housing includes:
    - Rapid Re-housing – moderate barrier singles or families with income or income potential
    - Permanent Supportive Housing – high barrier singles or families
    - Long-Term Homeless Beds – long-term homeless singles or families
    - Permanent Supportive Housing for Chronic Homeless – Chronic singles or families.

EDUCATION AND FAMILY STABILIZATION

1. Education: The CoC adopted a policy (see CoC website) requiring all projects to assure school age children are linked to the local school liaison to ensure rapid enrollment (within 3 days) and access to other McKinney-Vento services.
2. Family Stabilization: The West Central MN Continuum of Care has established a policy assuring that families experiencing homelessness should not be separated unless the health and well-being of children are at immediate risk. In addition, a broad definition of family should be used that allows for female headed, male-headed, two parent, same sex parent, LGBT parent, and extended families to be served together with their children.

Minnesota's HMIS Policies and Procedures

Minnesota's Homeless Management Information System will provide standardized and timely information to improve access to housing and services and strengthen our efforts to end homelessness

NOVEMBER 2014

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Acknowledgments

The original version of this document was produced by Minnesota's HMIS Governing Group, led in this effort by Richard Wayman. This document was approved by the Governing Group on January 31, 2005.

The first major revision took place on December 2012, following recommendations discussed in a meeting of the HMIS Governing Group on December 6, 2012. Another major revision occurred in January 2014, following recommendations discussed in a meeting of the HMIS Governing Group on December 10th, 2013. The Data Quality Plan was revised and amended here November 19, 2014.

Contact Information

Web site information on Minnesota's HMIS:

http://www.hmismn.org

HMIS help desk:

HMIS@wilder.org

651-280-2780, or 1-855-280-2780

Wilder Research
451 Lexington Parkway North
St. Paul, MN 55104

HMIS Grievances (reported to HMIS Governing Group):

Minnesota Coalition for the Homeless
Attention: HMIS Grievance
2233 University Avenue West, Suite 434
St. Paul, MN 55114
651-645-7332

Background

Introduction

Homeless Management Information Systems (HMIS) enable data from a variety of service providers to be combined to reveal a more comprehensive picture of client needs. In Minnesota and elsewhere this is accomplished via the internet, using software that can enable inter-agency case management within a context of strict data privacy protections.

History

The decision to implement an HMIS in Minnesota grew out of a desire to obtain standardized, regularly updated information about homelessness for advocates, planners, and policymakers – all of whom were interested in doing something about the consistently growing and stubbornly persistent problem of homelessness. The idea was to broaden a data tracking initiative started among Ramsey County shelters and transitional housing providers in the early 1990s.

Coinciding with this local activity was a Congressional mandate to implement HMIS. In 2000 Congress instructed the U.S. Department of Housing and Urban Development to take measures to improve available data concerning homelessness in the United States. In response, HUD obligated all Continuum of Care regions to implement region-wide databases that would allow an unduplicated count of service users.

Specifically, Congress mandated to HUD to collect information on the number of persons assisted through the McKinney-Vento Act. The Omnibus Appropriations Act of 2003 (Pub. L. 108-7) in its conference committee report noted:

> HUD is directed to begin collecting data on the percentage and number of beds and supportive services programs that are serving people who are chronically disabled and/or chronically homeless. . . HUD should continue its collaborative efforts with local jurisdictions to collect an array of data on homelessness in order to analyze patters of use of assistance, including how people enter and exit the homeless assistance system, and to assess the effectiveness of the homeless assistance system.

Previously in FY 1999 HUD Appropriations Act, Congress directed HUD to collect data from representative samples of existing HMIS systems,

> collect, at a minimum, the following data: The unduplicated count of clients served; client characteristics such as age, race, disability status, units (days) and type of housing received (shelter, transitional, permanent); and services rendered. Outcome information such as housing stability, income, and health status should be collected.[1]

The state Inter-Agency Task Force on Homelessness, the Corporation for Supportive Housing, the Metro-wide Engagement on Shelter, and others responded to this mandate by convening a series of open meetings in spring 2002. By general consensus a statewide, rather than region-by-region, approach was adopted and an "Implementation Group" was convened to oversee the project. The Implementation Group consisted of representatives from all of Minnesota's Continuum of Care regions, at-large members who represent various populations and provider groups (e.g., agencies for homeless youth, veterans, domestic violence victims, those with HIV/AIDS, and consumers of homeless services), and representatives of state government.

The Implementation Group guided development and implementation of Minnesota's HMIS. Early on the group adopted a vision for Minnesota's HMIS (see next section), selected a system administrator (Wilder Research), trainer (Minnesota Housing Partnership), and software for the system (Bowman System's ServicePoint). The group also developed various system policies and worked on system funding. The group continues to meet regularly to advise Wilder Research on nearly every aspect of the HMIS project, including budgetary matters and annual fees, system policies, and training procedures.

Eligible programs

Programs which may use HMIS include, but are not limited to:

- Emergency shelters serving homeless adults, families, and youth[2]
- Transitional housing programs
- Supportive Housing Programs (whether scattered site or on-site)
- Street and Community outreach programs to persons who are homeless

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1 See Fed. Register, Vol. 68, No. 140 (July 22, 2003) for further overview of federal mandates for HMIS.

2 In general, domestic violence shelters are prohibited from participation in HMIS by federal legislation, under the Violence Against Women Act (VAWA). Please see hmismn.org, or contact Wilder Research for additional information.

- Supportive Service programs serving persons who are homeless

In addition, HMIS participation is a requirement of various funders. On the Federal level, HMIS participation is mandated for all service and housing providers that receive HUD funding under the McKinney-Vento Act, which includes:

- Supportive Housing Program (SHP)
- Shelter plus Care
- Section 8 Moderate Rehab for Single Room Occupancy
- Emergency Solutions Grant
- Housing for Persons with AIDS (HOPWA)

Satisfying the HMIS requirement is also factored into the Department of Housing and Urban Development's (HUD) scoring of annual Continuum of Care applications – the more programs that participate in HMIS, the higher the Continuum is scored on that aspect of their application. In Minnesota this means that implementing and maintaining a widely-used HMIS improves the state's chances of continuing to receive the over $20 million annually in federal funding that we now receive under the McKinney-Vento program.

On the state level, the Minnesota Department of Human Services and the Minnesota Housing Finance Agency require HMIS participation for their grantees under the following programs:

Minnesota Department of Human Services/Office of Economic Opportunity

- Transitional Housing Program (THP)
- Emergency Services Program (ESP)
- Emergency Solutions Grant Program (ESGP)
- Runaway and Homeless Youth Act
- Healthy Transitions for Youth
- Ending Long-Term Homelessness Supportive Services

Minnesota Housing Finance Agency

- Family Homeless Prevention and Assistance Program (FHPAP)
- Projects funded under the Plan to End Long-Term Homelessness

Agencies that receive funding from these state programs use HMIS to satisfy their reporting requirements.

Ideally all emergency shelters, transitional and supportive housing program, and homeless outreach programs in the state will participate in HMIS. The more agencies, and the more users within agencies, that participate in the system the better. More agencies equal more comprehensive data, and therefore improved information for planning and policymaking. More users within agencies means that clients will more likely receive appropriate services, since their caseworks may have an opportunity to see relevant case history from prior service episodes, and will have an opportunity to rely upon the systems case planning, referral, and data protection capacities.

Why is this important?

Because agencies that serve people experiencing homelessness work for the public welfare of our communities, they must remain accountable to their program participants, funders, and community partners. One way to remain accountable is to be driven and focused on a mission and to report progress on accomplishing that mission. Programs should be transparent about what outcomes and goals they have achieved. HMIS allows programs to manage data in a secure and standardized environment that also offers an aggregate view of our state-wide efforts to end homelessness. We hope that with better information we will be able to plan, work, and achieve greater success in serving participants with meaningful services and housing options and end a social problem that can be fixed.

Expectations for HMIS Partner Agencies

Social service agencies that participate in Minnesota's HMIS are referred to as "partner agencies." Each partner agency needs to follow certain guidelines to help keep the project on track and to maintain data privacy and accuracy. The guidelines below do not replace the more formal and legally-binding agency agreement that each agency signs when joining the project.

Implementing HMIS

To prepare for participating in Minnesota's HMIS, agency administration should:

- Familiarize themselves with HMIS (see www.hmismn.org).
- Decide how many system end-users they will need. "End users" are the people who will actually enter data into the HMIS and use the system to run reports that the agency may need for funding purposes, or find useful for internal management. Typical end users include intake workers and case managers. Typically, the more end-users in an agency, the more useful the system becomes. There are, however, additional costs for each end-user in an agency. Volunteers should only be designated as end-users as a last resort, and will be subject to the same training and legal requirements as all other end-users.
- Familiarize prospective end-users with basic computer skills if necessary (e.g., windows, using a mouse, navigating the internet).
- Designate a primary HMIS contact within the agency.
- Develop a clear understanding of current reporting needs and funding streams. For example, does the agency receive SHP funds? THP? FHPAP?
- Understand the agency's data privacy requirements. For example, is the agency covered by HIPAA?
- Have access to a computer. Nearly any computer purchased within the past 5 years will be adequate. (See hmismn.org for current technical requirements and recommendations.)
- The computer must have access to the internet and an up-to-date a web browser. (See hmismn.org for current technical requirements and recommendations.)

The steps for implementation include the following:

1. **Initial contact**. Agency is contacted by Wilder Research (or contacts Wilder Research) and agrees to send its end-users to a day-long introductory group training on HMIS and using

ServicePoint. Agency administrators, IT staff, or others may also attend the training for a fee if there is space available. Agencies should not sign up for training unless they are willing and able to complete the following steps and begin entering actual client data within one month of attending training.

2. **Paperwork and payment**. Before attending training: (a) Agency must review and sign an agency agreement before the training. (b) If the agency is covered by HIPAA, the agency should send Wilder Research a Business Associates Agreement. (c) The agency must pay any training and end-user fees.

3. **Training**. All end-users within must complete initial training with Wilder Research.

4. **Work flow**. Agency program administrators and system end-users should designate a process for integrating the HMIS into its regular flow of work. Ideally information in ServicePoint will be updated in real time, whenever clients are entering or leaving programs, but this is not always possible. Planning how to incorporate ServicePoint in the agency's workflow should be done before the walk through so that the agency is ready to use ServicePoint immediately after the walk-through. Necessary decisions include:

    a. Will the data be directly entered into ServicePoint during intake or case management sessions? (If so, what is our back-up plan if the power is out or the internet connection goes down?)

    b. Will the information be recorded by paper forms and entered later? If so, can we adapt our existing forms so that there is no confusion when entering data into ServicePoint? Note that electronic versions (MS Word format) of data entry forms that mirror screens in ServicePoint are available at www.hmismn.org

    c. Who will run reports? Which ones? How often? Note that we strongly recommend running reports on a monthly or weekly basis to help check for data entry errors. The agency is responsible for maintaining accurate data, and regularly running reports is a good way to double check that information has been properly recorded in the system. Regular reporting may also provide the agency with important information about its clients and programmatic goals.

5. **Data privacy practices and client informed consent**. Before entering data into Minnesota's HMIS, agencies must implement any necessary client notice, consent, and release of information forms associated with Minnesota's HMIS (see appendix for current examples), as well as their own written data privacy policy. This can be done prior to training, and should be ready to implement by the time of the walk through or even shortly before, so that the agency can begin entering actual data as soon as possible. Note that agency should be able to explain to clients the data privacy practices associated with Minnesota's HMIS.

6. **Set-up**. After training the agency's designated HMIS contact will be called by Wilder Research, to gather information necessary to configure ServicePoint to meet the agency's reporting and data privacy needs. The Agency's end-users cannot be given access to the system until the system set-up is complete, so it is important that the agency respond to Wilder's requests for information as soon as possible. Agencies that do not follow through with set-up after attending training may be required to attend an additional training session, at added cost.

7. **Walk through**. After set-up is completed (and confirmed with the agency's HMIS contact person), Wilder Research will contact the agency for a "walk through" session that serves as a sort of refresher on how to use the HMIS and demonstrates the way that the system has been configured for the agency. Usernames and passwords are issued at this point.

8. **Using the system**. Agencies should record in the HMIS at least three actual client entries into their programs within 2 weeks of completing set up with Wilder Research. On an on-going basis agencies must enter and update information on all current clients in their HMIS-relevant programs (homeless prevention, outreach, shelter, and housing programs) on at least a quarterly basis. Information must be updated by the end of the second week after each quarter's end (by April 15 for Q1; by July 15 for Q2; by October 15 for Q3; and by January 15 for Q3).

    a. **Reporting**: Agencies are required to run reports in the system as directed by their funding sources, and should run these reports prior to actual report due dates to check for data entry errors. Agencies are strongly encouraged to use the systems reporting features on a more frequent weekly or monthly basis to check for data entry errors. Agencies are responsible for the quality of the data that they report.

General on-going commitments

Participating agencies should be prepared to commit to the following:

- Collecting and updating minimum data elements on all clients, and updating on a quarterly basis as necessary. Information must be updated by the end of the second week after each quarter's end (by April 15 for Q1; by July 15 for Q2; by October 15 for Q3; and by January 15 for Q3). This is necessary for Wilder Research to be able to issue accurate quarterly reports.

- Maintaining accurate data. The agency should run system reports on a regular weekly or monthly basis to check for errors. The agency should contact Wilder Research (HMIS@wilder.org, 651-280-2780, or 1-855-280-2780) if needing assistance with data correction, including deleting any client records that were entered by mistake.

- Obtaining necessary client consent and releases of information for data sharing.

- Agencies covered by HIPAA, domestic violence agencies, youth providers, and HIV/AIDS providers must develop joint legal agreements with other partner agencies if they will be sharing client records via the HMIS. Such agencies must work with Wilder Research to enable restricted data sharing.

- Posting a Notice of Uses and Disclosures for Minnesota's HMIS (see exhibits at end of this manual). Agency staff should be able to provide a basic explanation of the notice and the agency should be able to provide a copy to each of its clients.

- Cancel HMIS access of any end-user who is terminated from employment, leaves the agency, or needs to be restricted from the system for any other reason. The agency should contact Wilder Research as soon as possible and no more than 24 hours after the end-user is terminated.

Information entry standards

- Information entered into Minnesota's HMIS will be truthful, accurate and complete.

- Agency staff will not enter information about clients into Minnesota's HMIS database unless the information is required for a legitimate business purpose such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements.

- When adding to- or modifying data in- an existing client's HMIS record, end users should check to see if that client is currently receiving services from a different HMIS partner agency (e.g., entered into, but not yet exited from another program). If the client is active elsewhere, end-users should not alter or over-ride information possibly used by staff of that agency without first verifying the change with staff of the other agency.

No conditioning of services

Agencies shall not decline to provide any services to a client based upon a client's refusal to sign a Release of Information form or refusing to allow entry of information into Minnesota's HMIS. (Note: This does not over-ride agency policies or funding restrictions that may require certain data from a client before an agency is able to serve the client. However, if this is the case and HMIS is the only data base, then the client may be offered the opportunity to be entered as anonymous client – e.g., entered with a system generated code and no social security number or other identifying information.)

Accountability for noncompliance

The HMIS Governing Group will receive updates from Wilder Research on progress made by participating programs with HMIS. The Governing Group will provide notice to agencies and funders (the state of Minnesota, HUD, or local Continuum of Care Committees) when agencies are found not to be in compliance with data entry or have violated the code of ethics or privacy concerns.

The HMIS Governing Group and Wilder Research would like to make compliance with system policies and expectations as easy as possible, and welcomes agency requests for assistance. Agencies that fail to comply, however, should be aware of the potential for penalties under data privacy laws (e.g., HIPAA, the Minnesota Government Data Practices Act); potential impacts on funding from state and federal sources; and the possibility of additional charges from Wilder Research to cover costs associated with rectifying substantial problems.

Privacy Plan

According to standards put forward by the U.S. Department of Housing and Urban Development, Homeless Management Information Systems are encouraged to have privacy plans that at the minimum include: data collection limitations; purpose and use limitations; allowable uses and disclosures; access and correction standards; and protections for victims of domestic violence, dating violence, sexual assault, and stalking.

The Privacy Plan for Minnesota's HMIS consists of the following documents:

- Agency Agreement
  This form obligates organizations that participate in Minnesota's HMIS to abide by all applicable rules and regulations, and to oversee proper use of the HMIS by their staff.

- User policy, responsibility statement & code of ethics
  This form, signed by all system end-users, specifies responsibilities of individuals who access Minnesota's HMIS, and includes limitations on collecting data and accessing data. End users must agree to honor the wishes of the persons whose information is interested into the HMIS; access only information for which they have a clear business purpose; and keep their username and passwords private.

- Client data privacy notice and consent form
  This form, given to all persons (or their parents or guardians) whose information is entered into the HMIS, outlines allowable uses and disclosures of individually-identifiable data maintained in HMIS. It also informs clients of their rights to view and correct data held in Minnesota's HMIS, including a method for filing grievances.

- Client release of information form
  This form, while not currently in wide use, specifies organizations that an organization may share data with via Minnesota's HMIS. Clients may elect to share data or to limit data sharing.

- HMIS grievance procedure form
  This form provides a grievance process for those who feel that they have been somehow wronged by Minnesota's HMIS.

Finally, all end-users are trained to protect the privacy of individually-identifiable data entered into Minnesota's HMIS

Program Participant Rights

Program participants have a clear right to:

- Keep their personal information held private. All clients have the right to choose to have their data entered in the system anonymously and refuse to have certain information recorded about them in the system. This can provide protections for clients who have experienced domestic violence, dating violence, sexual assault, or stalking at some point in their lives or who are uncomfortable having information entered about them for any other reason.

- Have their preferences with regard to the entry and sharing of client information within Minnesota's HMIS respected, whether they prefer their data to be shared with other partner agencies or not.

- Request a change in their information sharing preferences.

- Refuse to allow entry of identifiable information into Minnesota's HMIS without being denied services (except if entry of identifiable information is necessary for program operation).

- Have only truthful and accurate information about them entered into the system.

- Not be asked for information unless the information is required for a legitimate business purpose such as to provide services to the client.

- Inspect and obtain a copy of their own information maintained within Minnesota's HMIS (except for information that is used in preparation for a criminal or civil court case under release by subpoena).

- File grievances related to the HMIS without retaliation.

Data sharing

One of the potential benefits – and potential risks – of Minnesota's HMIS is the ability to easily share data between agencies in a standardized format. Certain agencies, like youth providers, HIV/AIDS providers, and HIPAA-covered agencies, will only share data with other service providers if they have developed specific agreements allowing them to do so. Others will choose to share data routinely with other HMIS partner agencies. In either case, clients have the right to control access to their data and must sign a Client Release of Information form before an agency can share information about the client with other agencies via Minnesota's HMIS (see appendix or electronic forms at www.hmismn.org). Note that agency staff must be prepared to explain the HMIS system and agency privacy policies upon request.

Additionally, please note that:

- Agency staff have the ability to designate information entered into the HMIS as "open" – meaning shared with other partner agencies, or "closed" – meaning hidden from other partner agencies. While Wilder will set defaults for data sharing in consultation with the agency, it is the responsibility of the agency staff to make sure that the data they are entering is secure consistent with agency practices and client preferences.

- HMIS project staff at Wilder Research and Bowman Systems, LLC. will have access to all information entered into the system. Wilder and Bowman routinely deal with sensitive data and abide by strict data privacy practices. Wilder and Bowman will only access identifying information for business-related reasons, including administering the database, conducting research, and preparing reports (only aggregate information will be included in reports).

- Minnesota's HMIS is not a government database. Federal agencies, including HUD, do NOT have direct or routine access to the HMIS. State government employees do not have direct access to the system, but in some cases do see client-level information about persons served under the grant programs that they monitor.

Security Plan

According to standards put forward by the U.S. Department of Housing and Urban Development, Homeless Management Information Systems are encouraged to have security plans that: ensure the confidentiality, integrity, and availability of all HMIS information; protect against any reasonably anticipated threats or hazards to security, and; ensure compliance by end users.

The security plan for Minnesota's HMIS includes the documents and protections outlined in the privacy plan. In addition, the security plan includes security and backup technology provided by the system's vendor, currently including:

- End-user authentication via username and complex password, including temporarily inactivating licenses with more than 3 consecutive failed logins.
- Automatic logout after a specified period of inactivity on the system (currently 15 minutes).
- Secured Socket-Layer certification of data sent over the internet.
- Database-level encryption.
- Firewall protection against attempted system hacks.

In addition the availability of the system and data contained therein is provided the system vendor via redundant servers and nightly off-site system back up, as specified in the Disaster Recovery Plan.

Finally, administrative staff for Minnesota's HMIS run security reports on an at least monthly basis, to help ensure that end-users are properly following data privacy and sharing procedures. Failure to comply with procedures may result in denial of access to Minnesota's HMIS, as outlined in the Policies and Procedures manual.

Agency Responsibilities

Agencies are responsible for the actions of their users. Among the steps Agency will take to maintain data privacy and security are:

- **Access**. Agencies will permit access to Minnesota's HMIS or client-level information obtained from it only to paid employees or supervised volunteers who need access to Minnesota's HMIS for legitimate business purposes (such as to provide services to the Client, to conduct evaluation or research, to administer the program, or to comply with regulatory requirements). Volunteers should only be designated as system users as a last resort, and are subject to the same training and legal requirements as all other system users.

- **Computers**. Agencies will allow access to Minnesota's HMIS only from computers which are (a) physically present on Agency's premises; (b) owned by the Agency; or (c) approved by Agency for the purpose of accessing and working with Minnesota's HMIS. The latter (c) shall apply only in extra-ordinary circumstances, when it is not feasible to meet conditions (a) or (b). Agency shall maintain written statements of any approvals of computers not owned by or located in the agency. Additionally, agencies should protect computers used to access Minnesota's HMIS with commercially available virus protection software.

- **Usernames and passwords**. Usernames and passwords shall not be stored or displayed in any publicly accessible location. Usernames and passwords may only be used by the person to whom they are assigned; licenses may not be shared under any circumstance.

- **Change in Employee status**. Any employee that is terminated or quits should have their user name and password immediately removed by contacting Wilder Research (651-280-2780; HMIS@wilder.org).

- **Training**. Agency will only allow their staff to access Minnesota's HMIS only after the authorized user receives appropriate confidentiality training including that provided by Wilder Research. Licenses granted to approved staff must not be shared; each staff who accesses HMIS must have a unique username and password.

Data Quality Plan

Wilder Research, in preparing to develop a data quality and monitoring plan, reviewed HUD guidelines as well as existing data quality plans from other HMIS implementations around the country. All these include at least the following 5 elements; Timeliness, Completeness, Accuracy, Monitoring, and Incentives/Enforcement. The data quality plan has also been reviewed and approved by the HMIS Governing Group.

Timeliness

- Purpose: is to ensure data is accessible for agency, community level, and federal reporting and to improve data accuracy. Reducing the time period between data collection and data entry will increase the accuracy and completeness of client data.
- Current Standard (may vary by program type):
  - Emergency Shelter (ES): within 10 days of service start date
  - Transitional Housing (TH): within 2 weeks of program entry
  - Permanent Supportive Housing (PSH): within 2 weeks of program entry
  - Services Only: within 10 days of program entry
  - FHPAP/Prevention/Rapid Rehousing only: within 10 days of program entry
  - ALL PROGRAMS: All data must be entered and updated as required by funders. Data for each quarter must be entered, complete, and current by the 15th of the month following each quarter. *(April 15 for Q1; July 15 for Q2; October 15 for Q3; and January 15 for Q4).*
    - Included data elements that will be monitored are:
      - Universal data elements (HUD and MN required)
      - Entry/Exits
      - Services
    - Funder-required updates to assessment information (disabilities, income, non-cash benefits, residence, etc.) will continue to be required on the already established funder-required schedule.

Completeness

- Purpose is to ensure that MN and each CoC can accurately describe the clients and services provided to clients who are accessing services. A complete record also is important for reporting for the use of data in any community level reporting as well as for HUD required processes such as NOFA and AHAR which can affect funding for the CoC and its providers.
- Current Standard:
    - All clients receiving homeless, prevention, and outreach services have a record in HMIS
        - Goal of less than 5% of clients are anonymous
            - Exception for providers who must enter all clients anonymous such as domestic violence and legal services providers
            - Exception for outreach clients. Up to 10% of outreach clients may be entered anonymously.
        - Client choice in signing the consent form takes precedent and staff should not pressure clients into agreeing to have their information identifiable if the client does not wish to do so. However, high percentages of anonymous clients may indicate staff or agency understanding of the consent form process may need review and/or clarification.
    - All data entered into HMIS is complete (based on funder requirements)
        - Universal Data Elements: "Missing", is less than 2% and "don't know or refused" is less than 3% in any one field.
            - Exception for SS#. This may have up to 2% missing, and 8% don't know, or refused.
                - Exception for providers who must enter all clients anonymously. All SS# will be listed as Refused. All other elements will be completed with up to 5% "don't know or refused".
            - Exception for Date of birth. Less than 1% of client records shall be missing date of birth. If client declines to give his/her DOB, an approximate DOB will be entered.
        - Program Specific Data Elements: "Missing", is less than 2% and "don't know or refused" is less than 3% in any one field
    - Bed Utilization rates: Emergency Shelters, Transitional Housing, and Permanent Supportive Housing programs and CoC Coordinators will review utilization rates quarterly using data in HMIS.
        - Wilder HMIS staff will send quarterly utilization reports to CoC Coordinators to review and pass on to programs. This process can help determine whether or not data is being completely entered. Low utilization or utilization over 100% can be a sign that data is not being entered or exited correctly. In can also indicate changes in programs, such as bed counts, that must be accurately counted.

Accuracy/Consistency

- Purpose: To ensure that data in HMIS is collected and entered in a common and consistent manner. To ensure that client information is truthful and accurate.

- *This section will likely roll out at a later time than the Timeliness and Completeness standards as we take additional time to plan and design the elements with a variety of groups including HMIS staff, funders, CoC Coordinators, agencies, and users.*

Data Quality Process/Monitoring

- Purpose: To ensure that the standards for timeliness, completeness, and accuracy are met and that data quality issues are identified and resolved.
- Current Standard:
    - Agencies and CoC Coordinators provide timely updates to CoC HMIS staff regarding any changes to programs.
        - Notify Wilder HMIS staff of program changes within 30 days of changes (new beds, closed program, etc.) by email hmis@wilder.org.
    - At the start of each quarter, HMIS will send a reminder email to CoC Coordinators about upcoming DQ report deadline.
        - CoC Coordinators will forward reminder email to their program providers/agencies.
    - HMIS will run quarterly data quality reports and bed utilization rate reports and will provide these reports to the CoC Coordinator/Funder/Grantee to review.
        - HMIS will send reports the above parties on the 22nd of the month, or next business day thereafter, following the end of each quarter. (January, April, July, October)
    - CoC Coordinators/Funders/Grantees will review the reports and request that program providers make any necessary changes to their data.
        - Program providers will review their data and make necessary corrections to meet the above data standards within two weeks.
        - Program providers/agencies can run program specific or agency wide reports to review their data and make corrections (See Data Quality Monitoring Plan Report Instructions for more details on running data quality reports.)
    - HMIS staff will assist providers in correcting data and updating program information as needed.

Incentives/Enforcement

- After the two week data correction deadline for the quarter, HMIS staff will run another set of data quality reports and submit them to the CoC Coordinators/Funders/Grantees. Wilder HMIS staff will provide a list of agencies that have not improved their data and/or still exceed the data quality error goals.
- HMIS staff will also provide a list of agencies that have not improved their data since the previous quarter, or who have had multiple quarters with insufficient progress.
- Wilder staff will supply twice a year progress charts (See Progress Chart below).
- Programs which are identified as having continued data quality issues will undergo the following process: (process still under review and subject to change)

- Program does not improve data quality over two consecutive quarters
  - CoC /funder/grantee contact agency
  - Wilder HMIS staff offers walkthrough support
- Program does not improve data quality over three consecutive quarters
  - CoC/Funder/Grantee contacts agency
  - Wilder HMIS staff identifies which users require additional training
  - License suspension until follow-up is possible
- Program does not improve data quality five quarters out of eight
  - CoC Coordinator/Funder/Grantee determine appropriate action
    - Lost points on CoC competition or similar consequence
    - Increased monitoring
    - Additional interventions as determined by CoC Coordinator/Funder/Grantee, Wilder Staff, and Agency Staff.

- Incentives to be determined

Progress Charts

- These charts will be provided semi-annually and may include the following information:

Name of Project and SPID	Project has no errors	Improved data during correction period	Missing data exceeds goal – including # of anonymous clients	Missing data but does not exceed goal	Number of quarters in the past two years without improvement
Sample project 1 (2479)		Yes	No	Yes	1
Sample project 2 (3549)		No	Yes	Yes	3
Sample project 3 (1157)	✓	N/A	No	No	0
Sample project 4 (621)		No	No	Yes	2

Oversight of Minnesota's HMIS

Composition of HMIS Governing Group

The Governing Group currently is a 26 member body, made up of the following:

- 13 representatives appointed by Continuum of Care regions in Minnesota.
- 1 representative of the Minnesota Coalition for the Homeless
- 1 representative of the Metro-wide Engagement on Shelter and Housing (MESH)
- 2 representatives from the state's Inter-Agency Task Force on Homelessness

- 1 representative from each of the following groups: youth, veterans, domestic violence, AIDS/HIV, homeless or formerly homeless (5 members total) Representative from first four groups (youth, veterans, domestic violence, and AIDS/HIV) may be a service-provider with expertise on the population, or a client member of the population. These members are nominated and elected by current members.

- 2 additional at large representatives, nominated and elected by current members.

- 2 representatives with expertise in the field of technology.[3]

Representatives shall be appointed for two year cycles.

Additional provisions

- A chairperson (or co-chairs or "officers") will be elected from the membership serve as the main point of contact between the oversight body and project staff, and to set meeting agendas.

- Decisions will be made by consensus when possible, by majority vote when necessary. Proxy voting is allowed and encouraged if members are unable to attend meetings, but a quorum is not required for group meetings or decisions.

- Project staff will staff meetings and will not serve as voting members.

- Subcommittees shall be appointed as needed.

Governing Group roles and responsibilities

Budget and Financing

- Periodically reviews HMIS system budget

- Sets goals for user-based fees

- Assists with fundraising

System Policies

- Data element oversight (resolving the manner in which specific elements are collected when there is disagreement among users; approval of any questionable or controversial data elements)

[3] Originally the Governing Group was a 25-member body. On August 28, 2006 the Governing Group passed a motion to include an additional technology representative.

- Development of standardized reports (resolving disagreements between regions, providers, etc. concerning standardized reporting)
- Approval of necessary forms
- Approval of agency participation
- Deciding on the appropriate system rights for participating agencies and staff
- Penalizing agencies that do not comply with system policies
- Hearing client grievances, and recommending appropriate remedy
- Approval of data requested by non-participants (e.g., academic researchers)
- Approval of requested narrative reports (special or first-time requests)

Current membership, including contact information, is available at www.hmismn.org.

Expectations for HMIS System Administrator

Providing an HMIS

As system administrator for Minnesota's HMIS, Wilder Research provides all of the necessary equipment, staff, and technology to operate and maintain the central site. This may be done directly or through contracts with outside vendors. Bowman Systems currently provides software (ServicePoint) and application service provider (ASP) services, including hosting and maintaining central servers, for Minnesota's HMIS.

In addition, system administrator will work with Continuum of Care Coordinators, participating agencies, end-users, vendors, and other HMIS stakeholders to ensure compliance with HMIS-related rules and standards enacted by the U.S. Department of Housing and Urban Development.[4]

[4] HUD periodically updates data standards for HMIS, these standards currently include "Homeless Management Information System (HMIS) Data Standards: Revised Standards" Published in March 2010.

HMIS Governing Group

Wilder Research utilizes the HMIS Governing Group to provide general oversight and guidance to the project.

Training

Wilder Research provides ongoing training on the system, either directly or through agreements with others. Each user of the system is required to complete basic user training in order to begin using the system. Wilder Research may deliver on-site training in the event that an agency has a large number of staff to train, but generally will not deliver one to one training on-site without an additional contract for this service.

Right to Deny Access

Wilder Research retains the right, subject to the HMIS Governing Group's review, to suspend or revoke the access of any agency or individual to the system for consistent or egregious violation of Minnesota HMIS policies.

Availability of Project Staff

Wilder Research staff are available during normal business hours to respond to service requests from either the Agency Director or identified site contact person.

Notice of Planned Interruption in Service

Whenever possible, Wilder Research will notify participating agencies of planned interruptions to service at least 3 business days prior to the interruption.

HMIS Policy Considerations

Individual access and corrections to personal information maintained in HMIS

Agencies will respond to all data requests submitted by individual program participants served by that particular agency. Any requests received by an agency that the agency is unable to fulfill will be forwarded to Wilder Research.

Requests for inspection or copies of personal data or private information or by individual program participants shall be accommodated with no service charges or fees. Agency or Wilder may deny access to information that is legally protected due to current or pending legal activity. An agency or

program may deny inspection or copies of personal information if the individual program participant has requested the same data or information more than two times in a calendar year (unless substantive change have been made to the record – program participants may request another copy upon substantive change to their records).

Program participants may request amendments or corrections to their record. Any such requests shall be honored unless program staff have a justifiable reason for not making the change, including that the requested change would misrepresent client characteristics, service dates, or the like. Requests for changes that are not honored may be recorded under client case notes in the HMIS. Requests for multiple alterations in any calendar year may be denied due to administrative burden or harassment by the individual program participant (unless substantive change have been made to the record – program participants may request additional alterations following substantive changes to their records).

Any denial of a request for inspection or alterations by programs/agencies may be taken by the individual program participant to the Minnesota Coalition for the Homeless who shall bring the matter (in a confidential manner) before the HMIS Governing Group.

Grievance procedures for individual program participants

Users must permit clients to file a written complaint regarding the use or treatment of their information within Minnesota HMIS (an example grievance form is provided in the appendix). Clients may file a written complaint with either the Agency/program or with the Wilder Research. Clients may not be retaliated against for filing a complaint. Clients unsatisfied with agency- or administrator-level grievances are free to file a grievance to the HMIS Governing Group (mail to: Minnesota Coalition for the Homeless, in care of "HMIS Grievance," 122 West Franklin Avenue, Suite 306, Minneapolis, MN 55404).

A written response must be prepared by either the party receiving the grievance (Agency/program, Wilder Research), or the Governing Group.

Clients also may choose to pursue complaints through the legal system.

All agencies are encouraged to complete Data Privacy and Protection training

The HMIS Governing Group encourages all participating agencies or programs to routinely train their personnel on best practices in data privacy and protection. Data privacy is emphasized in HMIS training sessions, but more general training on this topic is encouraged.

Ensuring Data Accuracy

Agencies are responsible for the accuracy of the data they enter into the HMIS. Agencies are strongly encouraged to run reports on a monthly or weekly basis to check data and consult with Wilder Research to correct any problems.

Wilder Research shall regularly check data quality in Minnesota's HMIS. Agencies, or particular end-users, that make repeated errors may be required to attend more training, or may be barred from using HMIS if they are unwilling to improve data entry practices.

If Wilder Research or a funding entity that requires HMIS participation determines that an agency has committed fraudulent activity in the submission or alteration of data, the violation shall be brought before the HMIS Governing Group who shall determine a response after the agency or program has had an opportunity to respond to the allegation or information. The HMIS Governing Group has the authority to take ameliorating action or expel an offending agency from Minnesota's HMIS.

Third party access to data

No request for private, personal information about an individual program participant from a third party or entity shall be honored unless the request is legally binding and complies with the policy for research uses of HMIS data (see appendix).

All requests for system-wide aggregate data or information shall be forwarded to Wilder Research. Wilder Research may charge a reasonable recovery fee.

Appendix

Glossary

Goals of HMIS In Minnesota

Sample HMIS grievance procedure form *

User policy, responsibility statement & code of ethics *

Client data privacy notice and consent form *

Client release of information form *

Policy for Research uses of HMIS data*

** For the most recent version of forms, see: http://www.hmismn.org/*

Glossary

AHAR – Annual Homeless Assessment Report. A national report produced by HUD that uses HMIS data.

CoC – Continuum of Care. Geographically designated groups that annually file a joint application to HUD for homeless funding. CoCs also work together to develop plans, policies, and initiatives related to homelessness.

DHS – Minnesota Department of Human Services.

End User – Any person in an agency in possession of a valid user license who directly accesses the HMIS.

HIPAA – Health Insurance Portability and Accountability Act. A federal law that applies to the data practices of agencies that provide medical and medically-related services.

HMIS – Homeless Management Information System

HUD – United States Department of Housing and Urban Development

MHFA – Minnesota Housing Finance Agency, also referred to as Minnesota Housing.

McKinney-Vento Act – Federal law that allows for funding for HMIS and Housing and Supportive Service programs which serve individuals who are homeless

ServicePoint – The software behind Minnesota's HMIS. An internet-based client information management system developed by Bowman Systems, LLC.

Goals of HMIS in Minnesota

In the Spring of 2002 Minnesota Housing Finance Agency convened an open meeting on HMIS that included an in-depth brainstorming session on what the state wants out of our HMIS. The following summary was later adopted by the HMIS Implementation Group as the vision for Minnesota's HMIS.

Overall vision and goal

Minnesota's Homeless Management Information System will provide standardized and timely information to improve access to housing and services and strengthen our efforts to end homelessness.

Goals from the perspective of those experiencing homelessness:

Minnesota's Homeless Management Information System will:

- Help us find and access shelter and housing—quickly and accurately
- Help us identify other services for which we are eligible
- Protect the privacy of our personal data, and strip away personally-identifying information as soon as possible
- Improve the accessibility to housing and services for those who do not speak English and those who have disabilities
- Get the job done with the minimum number of questions
- Eliminate the need for us to repeatedly give the same information to service providers
- Enhance the effectiveness of our working relationships with case workers and others who may be accessing the system
- Include protections against using the system's data to deny service, or to abuse civil rights
- Provide us with a printout of our personal data upon request
- Gather data that demonstrates our needs to others—hopefully resulting in improved housing and services
- **In sum, improve access to shelter, housing, and services**

Goals from the service provider perspective:

Minnesota's Homeless Management Information System will:

- Be user friendly, and include adequate training and available help for users
- Easily provide accurate agency-level data, including client demographics, needs, and trends over time
- Cost little
- Be useful for us even if we do not have computers or much technical capacity
- Cover our reporting requirements
- Protect our clients' confidentiality—and us from liability
- **In sum, provide an affordable, user-friendly tool to accurately track client service usage.**

Goals from the continuum of care perspective:

Minnesota's Homeless Management Information System will:

- Provide accurate regional data on demands, migration, capacity, and gaps
- Easily summarize data for the continuum of care
- Include as many providers as possible
- Be affordable and adequately staffed
- **In sum, strengthen continuum of care planning by providing improved data on demands, migration, capacity, and gaps.**

Goals from the state agency perspective:

Minnesota's Homeless Management Information System will

- Interface with (or replace) state data systems
- Produce state and federal reports
- Improve service delivery to clients
- Provide improved, standardized, and timely statewide data for planning
- Provide a good return on the investment
- Help identify gaps in mainstream resources and the barriers that those experiencing homelessness face when trying to access these goals
- **In sum, help coordinate statewide data collection to improve public policy.**

Minnesota's HMIS: grievance procedure form

If you believe that you have not received the assistance you desire concerning your personal or private data held in Minnesota's HMIS, please send a written complaint to:

1. Your Agency
2. Wilder Research
   c/o HMIS Administrator , Attention: Grievance
   451 Lexington Parkway North
   St. Paul, MN 55104

This Agency and Wilder Research are prohibited from retaliating against you for filing a complaint. Your information and complaint will be kept confidential! This Agency and Wilder are required by law to maintain the privacy of your protected personal information and to provide you with a grievance procedure.

If you believe your grievance has not been sufficiently resolved by either your agency or the Wilder Research you may make a complaint to:

3. Minnesota Coalition for the Homeless 612-870-7073
   Attention: HMIS Grievance
   2233 University Avenue West, Suite 434St. Paul, MN 55114.

The Coalition will bring your complaint to Minnesota's HMIS advisory group, which will attempt a voluntary resolution of the complaint.

Please note that the Minnesota Coalition for the Homeless is available to help if you would like assistance filling out this form. Also note that the Coalition does *not* directly provide legal services.

GRIEVANCE FORM

NAME: _____ DATE: _____

ADDRESS: _____ Phone Number:_____

_____

_____

Complaint:

_____

_____

_____

User Policy, responsibility statement, & code of ethics

Minnesota's HMIS
User Policy, Responsibility Statement & Code of Ethics

For: _____ from: _____
User (print name) (print Agency Name)

USER POLICY

Partner Agencies who use Minnesota's HMIS and each User within any Partner Agency is bound by various restrictions regarding the Client information.

It is a **Client's** decision about which information, if any, is entered into Minnesota's HMIS and whether that information is to be shared and with any Partner Agencies. If your agency is covered by HIPAA or 42 CFR Part 2 (federally-defined treatment facility), it is also Client's decision about whether Wilder may use information for research purposes. The appropriate **Minnesota's HMIS Client Informed Consent and Release of Information Authorization** shall be signed by Client before any Client information is designated for sharing with any Partner Agencies, or, in the case of HIPAA covered entities, authorized for research use. User shall insure that prior to obtaining Client's signature, the Agency's Notice of Uses and Disclosures was fully reviewed with Client in a manner to insure that Client fully understood the information (e.g. securing a translator if necessary).

USER RESPONSIBILITY

A User ID and Password give a user access to the Minnesota HMIS system. **User must initial each item below** to indicate User's understanding and acceptance of the proper use of User's ID and password. Failure to uphold the confidentiality standards set forth below is grounds for immediate termination from Minnesota's HMIS.

_____	My User ID and Password are for my use only and must not be shared with anyone (except the Minnesota's HMIS system administrator (Wilder) and Agency's HMIS administrator or executive director). I must take all reasonable means to keep my Password physically secure.
_____	I understand that the only individuals who can view information in Minnesota's HMIS are authorized users who need the information for legitimate business purposes of this Agency and the Clients to whom the information pertains.
_____	I may only view, obtain, disclose, or use the database information that is necessary to perform my job.
_____	If I am logged into Minnesota's HMIS and must leave the work area where the computer is located, I **must log-off** before leaving the work area.
_____	A computer that has Minnesota's HMIS open and running shall never be left unattended.
_____	Any hard copies of personally identifiable (client-level) information printed from Minnesota's HMIS must be kept in a secure file, and destroyed when no longer needed.
_____	If I notice or suspect a security breach, I must immediately notify the executive director of the Agency and the System Administrator for Minnesota's HMIS (Wilder Research at 651-647-4600).

USER CODE OF ETHICS

A. Users must be prepared to answer client questions regarding Minnesota's HMIS.

B. Users must faithfully respect client preferences with regard to the entry and sharing of client information within Minnesota's HMIS. Users must accurately record Client's preferences by making the proper designations as to sharing of Client information and/or any restrictions on the sharing of Client information.

C. Users must allow client to change his or her information sharing preferences at the client's request.

D. Users must not decline services to a client or potential client if that person (i) refuses to allow entry of information into Minnesota's HMIS (except if that policy is over-ridden by agency policy); or (ii.) refuses to share his or her personal information with other service providers via Minnesota's HMIS.

E. The User has primary responsibility for information entered by the User. Information Users enter must be truthful, accurate and complete to the best of User's knowledge.

F. Users will not solicit from or enter information about clients into Minnesota's HMIS unless the information is required for a legitimate business purpose such as to provide services to the client.

G. Users will not alter or override information entered by another Agency.

H. Users will not include profanity or offensive language in Minnesota's HMIS; nor will Users use Minnesota's HMIS database for any violation of any law, to defraud any entity or conduct any illegal activity.

I. Upon client request users must allow a client to inspect and obtain a copy of the client's own information maintained within Minnesota's HMIS. Information compiled in reasonable anticipation of or for use in a civil, criminal or administrative action or proceeding need not be provided to Client.

J. Users must permit Clients to file a written complaint regarding the use or treatment of their information within Minnesota's HMIS. Client may file a written complaint with either the Agency or Wilder Research (c/o HMIS Admin, 1295 Bandana Blvd, No., Suite 210, St. Paul, MN 55108). If not satisfied, clients may file a complaint with the HMIS advisory body via the Minnesota Coalition for the Homeless. Clients may *not* be retaliated against for filing complaints.

I understand and agree to comply with all the statements listed above.

_____ _____

User signature Date

Preferred ServicePoint Login (username): _____

Contact Information

Work phone: _____ e-mail address: _____

_____ _____

Witness signature (MHP or WRC) Date

WRC/MHP

User's access level (circle): Case Worker Agency Admin Other: _____

(if multiple "providers" in agency)

User's home provider: _____

Other providers this user may enter data as: _____

Client Data Privacy Notice and Consent Form, and Release of Information Form (with instructions to agency)

Instructions

PLEASE READ BEFORE USING CONSENT FORMS
THIS PAGE NOT MEANT FOR DISTRIBUTION TO CLIENTS

These forms were developed based on federal rules governing Homeless Management Information Systems (Federal Register, Vol. 69, No. 146, July 30, 2004), and additional guidance from Minnesota's HMIS Governing Group.

How to use the HMIS consent forms and notices

1. **Minnesota's HMIS: Data Privacy Notice & Consent Form** should be given to all adult clients or single unaccompanied youth. Parents can give consent for their children. Clients who do not sign the form should be entered only using ServicePoint's "Enter as Anonymous" feature. Drop-in shelters, street outreach programs, and telephone-only services may substitute a brief verbal notice and consent for use of this form.
2. **Minnesota's HMIS: Release of Information** is *only* for agencies that would like to provide their clients with the option of sharing data with other service-providing agencies that use Minnesota's HMIS. **This page is not necessary for DV agencies, Youth agencies, HIV/AIDS agencies, HIPAA-covered agencies, and others that do not intend to share data**. If using the form, please be sure to include a list of up to ten agencies with whom you would like to share data in the space provided, and communicate these "closed exemption" agencies to Wilder Research (hmis@wilder.org). Note that we are not allowing a share with all ServicePoint agencies option.
3. **Minnesota's HMIS: Posted Data Privacy Notice** is not intended for distribution to clients. Please post this sign in an area viewable by clients.

Note that throughout the forms the phrase "this agency" can be replaced with the actual name of your agency. This document can be further modified and/or incorporated into an agency's existing data privacy forms and notices, but modifications should only be made in consultation with legal counsel.

Also note that **these forms apply only to data maintained in Minnesota's HMIS**. They are NOT meant to serve as an agency's complete privacy policy or sole consent forms. The following situations, for example, require some additional privacy-related provisions for your clients:

- **Agencies covered by Minnesota's Government Data Practices Act**, need to provide clients with a Tennessen warning that lists the specific governmental agencies that fund the programs and, therefore, may view client data (e.g., Minnesota Department of Human Services, Minnesota Housing Finance Agency, U.S. Department of Housing and Urban Development). Consult your funder and see the Minnesota Department of Administration's Information Policy Analysis Division (http://www.ipad.state.mn.us/) for further information.
- **HIPAA covered agencies**: The federal government's "Health Insurance Portability and Accountability Act" (for more info, see http://www.hhs.gov/ocr/hipaa/) supersedes federal HMIS regulations. By law, these agencies are not required to provide clients with "Minnesota's HMIS: Data Privacy Notice & Consent Form," but they are encouraged to do so, since the form provides information about the system. In addition, **HIPAA covered agencies need to provide clients with an opportunity to opt-out of including their data in research**. A check-box such as the following should be added somewhere to either the HMIS Notice & Consent forms, or the agency's forms:

> Consent for research uses of information in Minnesota's HMIS. Please check **(✓)** one:
>
> ❑ Yes, include in research. I understand that information about me that is in Minnesota's HMIS may be used by Wilder Research to conduct research related to homelessness and housing programs, service needs, income supports, education and employment, and program effectiveness. My name, social security number or other information that would identify me personally will **never** appear on a research report.
>
> ❑ No, do not include in research. I do not want my information used for research purposes.

- **HUD-Funded agencies** need to explicitly list HUD as having rights to view client data entered into Minnesota's HMIS. Please replace the second bullet under "who can see information entered into HMIS?" (currently "Auditors or others who have legal rights

to review the work of this agency") with, "Auditors or others who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development."

Minnesota's HMIS: Data Privacy Notice & Consent Form

What is Minnesota's HMIS?

HMIS stands for Homeless Management Information System. It is a computer system used by this agency and other agencies that provide services.

Why is information collected in Minnesota's HMIS?

- To help us keep track of how many people we serve and the types of people we serve – both as an agency and as a network of service providers.
- To help us understand the types of services people need and plan for services to meet these needs.

Who can see information entered into Minnesota's HMIS?

- People who work in this agency who need to see your information to help provide services to you or your family, or for billing or funding purposes.
- Auditors or others who have legal rights to review the work of this agency.
- Some employees of Wilder Research (in St. Paul). Wilder maintains Minnesota's HMIS and may see your information as a part of managing the system.
- People using HMIS data to do research. This includes employees of Wilder Research and other people who sign agreements with Wilder or this agency. Your name, social security number, or other information that would identify you will **never** appear on research reports.
- If you or members of your family are in need of protective services because of abuse, neglect, or domestic violence, this agency may be required to file a report with a governmental agency.
- Others, as the law requires. That would include officials with a subpoena, warrant, or court order.
- Your information also may be released if needed to protect the health or safety of others or yourself.

We need your written permission to release your data for other uses.

Know Your Rights:

- **Tell the intake worker if you do not want your name, social security number, or exact date of birth entered in HMIS.** This agency will **not** refuse to help you because you tell us you do not want information that identifies you entered into HMIS.
- You have the right to a copy of the information about you that is kept in Minnesota's HMIS for as long as it is kept there (except for information that may be kept from you in certain legal proceedings).
- You have the right to correct mistakes if HMIS information is wrong or incomplete.
- You have the right to complain if you believe that this agency or Minnesota's HMIS violated your privacy rights. You can ask a staff person for a complaint and appeals form or write to Minnesota Coalition for the Homeless, HMIS Grievance, 122 West Franklin Avenue, Suite 306, Minneapolis, MN 55404.

Signed consent

For: _____ _____
Print complete name (First, Middle, Last) Birth date

By signing this you are giving us your permission to enter your personal information into Minnesota's HMIS. You do not have to sign this form to receive services from this agency.

_____ _____ _____ _____
SIGNATURE OF CLIENT OR GUARDIAN **DATE** **Signature of witness** **Date**

Minnesota's HMIS: Release of Information

For: _____ _____
Print complete name (First, Middle, Last) Birth date

With your permission this agency can share information that it enters into HMIS with other agencies. Sharing allows other service providers to look up information about you in Minnesota's HMIS if you go to them for help. Sharing this information may help the other agencies serve you better.

Please check (✓) a box:

☐ **DO NOT SHARE**: I do **not** want **any** of the information about me in Minnesota's HMIS shared with any other service providers. *(Data security = Closed)*

☐ **SHARE**: This agency may share my name, date of birth, race, ethnicity, Social Security Number, and the same information from any other members of my family who are being served with me at this time.
(Data security = Closed with exceptions)

If you checked SHARE, please check (✓) the agencies that you would like to share with:

☐ Share with all agencies listed below	
☐ *<Agencies should use this space to>*	☐ *[Please communicate this list to]*
☐ *<fill in names of up to 10 other programs>*	☐ *[Wilder: hmis@wilder.org),]*
☐ *<that use ServicePoint, and are most>*	☐ *[subject line: potential exceptions list]*
☐ *<likely to have some of the same clients>*	☐ *[see www.hmismn.org/agencies/]*
☐ *<or receive referrals from this agency>*	☐ *[for a current list of HMIS agencies]*

If you checked SHARE, please check (✓) if we should let these agencies see information about…

○ Services you receive	○ Educational background
○ Your income and income sources	○ Employment status
○ If you are homeless or not	○ Military history
○ Reasons for seeking services	○ Other: _____
○ Living situation and housing history	○ Other: _____

When you sign this form it shows that you understand:

- We will **not** deny you help if you do not want your personal information shared.
- If you want us to share your data, this consent will expire in 1 year.
- If you want us to share your data, you may change your mind and cancel this consent at any time.
- Even if you check "do not share" your information in HMIS may still be seen by the people listed on Minnesota's HMIS Data Privacy Notice, and any others listed on this agency's privacy statements.

_____ _____ _____ _____
SIGNATURE OF CLIENT OR GUARDIAN **DATE** **Signature of agency witness** **Date**

Minnesota's HMIS: Posted Data Privacy Notice

We collect personal information about the people we serve in a computer system used by many social service agencies called Minnesota's HMIS (Homeless Management Information System).

Personal information that we collect is important to run our programs and to help us improve services. Also, we are required to collect some personal information by law or by organizations that give us money to operate this program. We only collect information that we consider to be appropriate.

You do not have to give us information. However, if you do not give us the information, we may not be able to determine whether we can help you, or get help for you from other agencies.

You have a right to review the personal information that we have about you and ask us to correct any mistakes you may find. You have a right to file a complaint with this agency or others if you feel that your data privacy rights have been violated.

Please ask our staff if you have any questions, or if you would like a grievance form or a complete copy of our privacy policy.

Minnesota's HMIS
Policy for Research uses of HMIS data[5]

1. **Discuss project with HMIS staff**, including identifying the way that the least amount of identifiable data can change hands. If the requestor's research/evaluation questions can be answered without transferring identified data to the requestor, step 3 is not necessary.
2. **Work plan and budget agreed to.** Data and related reporting generally cannot be provided without proper compensation for staff time and other resources.
3. **Requestor provides a written request outlining uses of data, including research questions, and procedures for protecting data** (including assurances that data will be destroyed after use, and that the data will not be re-used for purposes beyond those outlined in the request).
    a. Wilder notifies HMIS Governing Group that a request has been received.
    b. Requestor or Wilder informs or obtains consent from HMIS participating agencies and/or individual clients as necessary/depending on nature of project.
    c. Requestor clears the project with outside Institutional Review Boards (IRBs) as necessary/depending on nature of project.
    d. Requestor clears the project with Wilder's Research Review committee for approval or denial. [Note: This committee meets quarterly, but sometimes is able to address requests via a virtual meeting between planned meetings.]
    e. Wilder notifies Governing Group of whether the project is moving ahead.
    f. At any time throughout the process Wilder reserves the right to consult with the Governing Group (including a subcommittee thereof) for purposes of providing advice to Wilder and the requestor on any issues that may arise from the project, and to more fully inform the group. The Governing Group may pass motions regarding the project, but those motions technically are not legally binding. Any members with a conflict of interest (e.g., those requesting data themselves or working directly with the requestor) should recuse themselves from votes taken on the project in question.
4. **After the analysis findings from the project are provided to Governing Group via Wilder Research.** The format of this report depends on the nature of the project**.**

[5] Developed by Wilder Research in consultation with HMIS Governing Group and its ad-hoc Policy Subcommittee. Accepted by Governing Group on July 15, 2010.

PHA/HRA Prioritization Policy

1. Clay County HRA

The PHA will offer a preference to an applicant who is considered a homeless household.

Lack a fixed, regular and adequate nighttime residence; and

Have a primary nighttime residence that is a supervised public, or private shelter providing temporary accommodations(including welfare hotels, congregate shelters and transitional housing), or an institution providing temporary residence for individuals intended to be institutuinalized, or a public or private place not ordinarily used as a sleeping accommodation for human beings or:

Meets the Minnesota definition of long term homeless ;

A household experiencing long term homeless is an individual, unaccompanied youth or family with children "lacking a permanent place to live, continuously for a year or more or at least four times in the past three years." Any period of institutionalization (including transitional housing or treatment) or incarceration shall be excluded when determining the length of time the household has been homeless or:

A household who previously met the definition of homeless prior to entering a transitional housing program. These households may choose to maintain their place on the waiting list while completing a transitional housing program.

The PHA will offer a preference to families with minor children in the household.

The PHA will offer a near-elderly or elderly preference for households whose head of household or spouse is age 50 or older.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75% of the families admitted to the HCV program during the PHA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or30% of the area median income, whichever is higher. To ensure this requirement is met, a PHA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

PHA Policy

2. Moorhead Public Housing

10.0 TENANT SELECTION AND ASSIGNMENT PLAN

10.1 PREFERENCES

The Moorhead Public Housing Agency will select families based on the date and time the application was received. Single non-disabled individuals will be eligible only after the waiting list of elderly and disabled has been exhausted.

Buildings Designated as Elderly Only Housing: The Sharp View Housing complex has been approved by HUD as being designated for elderly only. In filling vacancies in this development, first priority will be given to elderly families. If there are no elderly families on the list, next priority will be given to the near-elderly who are 50 years of age or older.

Accessible Units: Accessible units will be first offered to families who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above. If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come to the top of the waiting list. Such applicants, however, must sign a release form stating they will accept a transfer (at their own expense) if, at a future time, a family requiring an accessible feature applies. Any family required to transfer will be given a 30-day notice.

Single/non-disabled Persons: Will be eligible only after the waiting list of elderly and disabled has been exhausted.

10.2 ASSIGNMENT OF BEDROOM SIZES

The following guidelines will determine each family's unit size without overcrowding or over-housing:

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
0	1	1
1	1	2
2	2	4
3	3	6
4	4	8

The Moorhead Public Housing Agency will select families based on the date and time the family's application was received at the Moorhead Public Housing Agency Office.

5.3 SELECTION FROM THE WAITING LIST

Based on the above preferences, the date and time of application will be utilized to determine the sequence within the above-prescribed preferences.

Not withstanding the above, if necessary to meet the statutory requirement that 75% of newly admitted families in any fiscal year be families who are extremely low-income, the Moorhead Public Housing Agency retains the right to skip higher income families on the waiting to reach extremely low-income families. This measure will only be taken if it appears the goal will not otherwise be met. To ensure this goal is met, the Housing Agency will monitor incomes of newly admitted families and the income of the families on the waiting list.

If there are not enough extremely low-income families on the waiting list we will conduct outreach on a non-discriminatory basis to attract extremely low-income families to reach the statutory requirement.

6.0 ASSIGNMENT OF BEDROOM SIZES (SUBSIDY STANDARDS)

The Moorhead Public Housing Agency will issue a voucher for a particular bedroom size – the bedroom size is a factor in determining the family's level of assistance. The following guidelines will determine each family's unit size without overcrowding or over-housing:

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
1 Bedroom	1 Person	2 Persons
2 Bedrooms	1 Person	4 Persons
3 Bedrooms	1 Person	6 Persons
4 Bedrooms	1 Person	8 Persons

These standards are based on the assumption that each bedroom will accommodate no more than two (2) persons. Two adults will share a bedroom unless related by blood.

In determining bedroom size, the Moorhead Public Housing Agency will include the presence of children to be born to a pregnant woman, children who are in the process of being adopted, children whose custody is being obtained, children who are temporarily away at school or temporarily in foster-care. The MPHA will require documentation for the above, for the purpose of determining bedroom size.

Bedroom size will also be determined using the following guidelines:

A. Children of the same sex will share a bedroom.

3. Douglas County HRA
    a. No homeless preference, but has Bridges Homeless Vouchers to target for SMI who are Homeless.
    b.
4. HRA of Fergus Falls:

    a. No homeless preference, but has Bridges Homeless Vouchers to target for SMI who are Homeless.
5. HRA of Detroit Lakes
    a. No homeless preference, but has Bridges Homeless Vouchers to target for SMI who are Homeless.

MEMORANDUM OF UNDERSTADING for
HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) LEAD AGENCY
between
West Central Minnesota Continuum of Care (CoC)
and
Amherst H. Wilder Foundation (Wilder)

1. Purpose

This Memorandum of Understanding is intended to signify agreement between the West Central Continuum of Care and Amherst H. Wilder Foundation in its role as the lead HMIS Agency as to the roles and responsibilities of each party.

The West Central CoC has established a HMIS to record and store client-level information about the numbers, characteristics, and needs of persons who use homeless housing and supportive services and for persons at risk of homelessness who receive assistance. Ten CoCs in Minnesota (MN) jointly agree to operate a statewide HMIS and to provide HMIS oversight through an HMIS Governing Group.

HMIS is used to aggregate data about the extent and nature of homelessness over time; produce an unduplicated count of homeless persons; understand patterns of service use; and measure the effectiveness of homeless assistance projects and programs. Data produced are used for planning, education and reporting to funders.

PLEASE NOTE:

There are several significant HMIS planning efforts taking place as this MOU is being drafted. Recommendations arising from these initiatives are likely to lead to significant changes to the system that enable and support greater CoC compliance with HEARTH Act requirements and expectations. As the HMIS is modified to provide greater CoC administrative access for purposes of monitoring and reporting on provider and system-level performance, the roles and responsibilities described herein shall be revised accordingly.

2. Designations

   a. HMIS Software - The CoC designates the Bowman Systems' ServicePoint (SP) as the primary technical solution for Minnesota's HMIS.
   b. HMIS Lead - The CoC designates Wilder Research, a division of the Amherst H. Wilder Foundation, as the official statewide MN HMIS lead for the CoC's geographic area.

3. Responsibilities of CoC

   a. Designating a single information system as the official HMIS software for the geographic area.
   b. Designating a HMIS Lead to operate the system.
   c. Providing for governance of the HMIS Lead, including:

i. The requirement that the HMIS Lead enter into written HMIS Participation Agreements with each Contributing HMIS Organization (hereinafter referred to as "CHO") requiring the CHO to comply with federal regulations regarding HMIS
ii. Holding CHOs responsible for failure to comply with regulations, including imposing sanctions; and
iii. The participation fee, if any, charged by the HMIS;

d. Maintaining documentation of compliance with federal regulations and with the MOU; and
e. Reviewing, revising, and approving the HMIS policies, privacy and security plan, and data quality plan for the HMIS as required by federal regulation.
f. Develop and implement a plan for monitoring the HMIS to ensure that:
    i. CHO consistently participate in HMIS;
    ii. HMIS is satisfying the requirements of all regulations and notices issued by HUD;
    iii. The HMIS Lead is fulfilling the obligations outlined in its HMIS Governance Charter and Agreement with the CoC, including the obligation to enter into written participation agreements with each contributing CHO
b. Oversee and monitor HMIS data collection and production of the following reports:
    i. Sheltered point-in-time count;
    ii. Housing Inventory Chart;
    iii. Annual Homeless Assessment Report (AHAR); and
    iv. Annual Performance Reports (APRs).

4. Responsibilities of the HMIS Lead:

a. Facilitating, monitoring, and reporting to CoC the participation of all agencies submitting data to HMIS and ensuring compliance with federal HMIS requirements;
b. Implementation of and compliance with written HMIS policies and procedures as approved by the statewide governance committee and in accordance with § 580.31 for all CHOs;
c. Executing a written HMIS Participation Agreement with each CHO as they start participating, which includes the obligations and authority of the HMIS Lead and CHO, the requirements of the security plan and privacy policy with which the CHO must abide, sanctions for violating the HMIS Participation Agreement, and an agreement that the HMIS Lead and the CHO will process Protected Identifying Information consistent with the agreement;
d. Serving as the applicant to the US Department of Housing and Urban Development (HUD) for CoC grant funds to be used for HMIS activities for the CoC's geographic area, as directed by the CoC in consultation with the statewide Governance committee, and entering into grant agreements with HUD to carry out the HUD-approved HMIS activities;
e. Monitoring data quality and taking necessary actions to maintain input of high-quality data from all CHOs;
f. The HMIS Lead must implement a security plan, an updated data quality plan, and a privacy policy to the CoC on a timeline agreed on by the CoC, HMIS Governing Group and HMIS Lead after the effective date of the HUD final rule establishing the requirements of these plans. The HMIS Lead, in conjunction with the HMIS Governing Group and CoC, must review and update the plans and policy at least annually. During this process, the HMIS Lead must seek and incorporate feedback from the CoC and CHO.

5. Duties of the HMIS Lead

   a. CoC HMIS Policies and Procedures - The HMIS Lead must adopt written policies and procedures for the operation of the HMIS that apply to the HMIS Lead, its CHOs, and the CoC. These policies and procedures will be developed with the HMIS Governing Group.
   b. Unduplicated Count - The HMIS Lead must, at least once annually, or upon request from HUD, submit to the CoC an unduplicated count of clients served and an analysis of unduplicated counts, when requested by HUD.
   c. Reporting - The HMIS Lead shall submit reports to HUD as required by HUD.
   d. Privacy - The HMIS Lead must implement a privacy policy which is developed by HMIS Governing Group.
   e. HMIS Standards - The HMIS Lead, in contracting an HMIS vendor, must require the HMIS vendor and the software to comply with HMIS standards issued by HUD as part of its contract.
   f. Participation Fee -The HMIS Lead may charge a participation fee for CHOs. The participation/user fee shall be reviewed and approved annually by the CoC and HMIS Governing Group.

6. Responsibilities of the HMIS Governing Group

   a. Developing HMIS policies and procedures. These policies and procedures must comply with all applicable Federal law and regulations, and applicable state or local governmental requirements. The HMIS Lead may not establish local standards for any CHO that contradicts, undermines, or interferes with the implementation of the HMIS standards as prescribed in b. Privacy
   b. Developing a data privacy policy. At a minimum, the privacy policy must include data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; accountability standards; protections for victims of domestic violence, dating violence, sexual assault, and stalking; and such additional information and standards as may be established by HUD in notice. Every organization with access to protected identifying information must implement procedures to ensure and monitor its compliance with applicable agreements and the requirements of this part, including enforcement of sanctions for noncompliance.
   c. Overseeing and monitoring HMIS funding management and performance.
   d. Providing directions and guidelines on HMIS practices.

Wilder Foundation Staff

CoC Staff
Executive Director
Clay County HRA
Collaborative Applicant

WRITTEN STANDARDS FOR PROVISION OF ESG AND COC ASSISTANCE

The West Central Minnesota Continuum of Care Homeless to Housed Task Force has developed written standards for the provision of Emergency Solutions Grant (ESG) and HUD Continuum of Care (CoC) assistance which include policies and procedures for evaluating each household's eligibility to obtain ESG or CoC assistance. The standards serve as a guide for administering ESG and CoC assistance within the West Central MN region. While each program's regulation clearly define program use, the West Central CoC has further identified how program funds can best be utilized based on the needs of the homeless in our region. The West Central CoC will continue to refine its written standards as the region adapts and further develops our regional CARES (Coordinated Assessment, Referral and Enrolment System) network AND develops improved strategies for targeting resources.

The written standards were developed through a Continuum-wide System Mapping process. Information was gained from various service providers through surveys, HMIS reports, program type meetings (Emergency Shelter, Transitional Housing, and Permanent Housing), and CoC meetings. The information gathered included;

- Current/Planned Inventory
- Target Population
- Service Descriptions
- Essential Program Elements
- Eligibility/Entrance Criteria
- Eviction/Ban Criteria
- Outcomes – both program and system

Note: inventory included programs, beds, population, subpopulation served, bed type and length of stay

The information was then presented to the Continuum to further refine and define each component. The standards are designed to assure a consistent, transparent, client centric, clearly defined and coordinated process.

INCOME ELIGIBLITY REQUIREMENTS

All assistance provided through ESG and CoC Programs must benefit households who have an annual income of below 30 percent of median household income for the area based on household size, and as updated annually by HUD (with the exception of those who are currently homeless by HUD definition, but must be within 30 percent at 1 year certification). The most recent table of income limits is available at: http://www.huduser.org/datasets/il.html .

Certain rules and requirements apply in determining income, as well as eligibility;

1. ESG regulations require that income of all qualifying household members may be included in the determination of income, as may be applicable. The applicant's income must not exceed 30% of the Housing Area Median Family Income (HAMFI).
2. The ESG or CoC program staff must verify that the applicant's income meets low income criteria within thirty (30) days prior to entering ESG or CoC funded programs (excluding Emergency Shelter).

3. Staff must consider anticipated income to determine affordability prior to placing in scattered site housing where participants must transition in place.
4. ESG and CoC recipients (excluding Emergency Shelter) must determine eligibility by examining, verifying, and/or updated, as necessary, source documents and documenting in the client file, preferably through HMIS. Examples of documentation include; Last 30 days of payment stubs, self-employment profit/loss statement, agency statements (Social Security Benefits, Disability Benefits, Unemployment Compensation, Retirement Funds, Pension, Workman's Compensation, Child Support) or other applicable proof of income.
5. If the individual has no income or is paid in cash and has no way of obtaining income verification form the source, then a Declaration of Income form may be used, but only as a last measure.

COORDINATION OF SERVICES

Good coordination of services is essential to a client centric model, most effective use of resources, effective Coordinated Assessment system, and improved outcomes. Agencies receiving ESG and CoC funds must work collaboratively with household members and other providers to plan and link to resources that will help house and stabilize their consumers. ESG and CoC funds may be used in the coordination of services. Component services include:

1. Utilizing CARES to access, screen, assess and link household applying for services to homeless prevention, emergency shelter, transitional housing, rapid-rehousing, and permanent supportive housing.;
2. Advocating on behalf of individuals/families in accessing all services they are eligible to receive.
3. Assuring no access to services through side-doors;
4. Working with households to create a housing stability or independent living plan;
5. Helping participant's access services by funding, if applicable, transportation assistance to attend service appointments;
6. Prioritizing enrollment in mainstream resources;
7. Updating eligibility and availability information into HMIS and/or CARES to assure appropriate, timely and accurate linkage to services;
8. Children must be connected with school liaison for prompt enrollment per CoC policy;
9. Monitoring and evaluating program participant progress;
10. Following-up on CARES Referrals and requests for information in a timely manner;
11. Updating household intake, exit and status changes in HMIS; and
12. Following up with household after exit to inquire on housing stability and need for further linkage to service (Excluding Emergency Shelter).

SERVICE PRIORITIZATION & TARGETING

The Continuum recognizes that the demand for services outweighs existing resources; that some households entering homelessness can be diverted from ever needing to enter shelter; and that some entering shelter can resolve their housing crisis independent of further homeless supports. Furthermore, the Continuum understands that linking individuals with the right level of housing and

services is not only essential to their success in the program, but is the most efficient use of regional resources. Service prioritization is there for essential to maximize existing resources, focusing on those that are least likely to succeed without intervention and supports.

The Continuum has adopted a policy prioritizing service for the following populations within the West Central service area. The specific policies are located on the CoC website and include documentation requirements. Prioritization includes:

1. Chronic Homeless: Chronic Homeless persons and families will be given priority in CARES including preference over open shelter beds and enrollment in permanent supportive housing.
2. Families with Children and Youth: Families with children and unaccompanied youth will be given priority in Rapid-Rehousing programs at a three to one rate over adult singles.
3. Persons coming from the streets or emergency shelter: Preference will be given to those meeting the HUD homeless definition category 1 over those in other categories or those in doubled-up situations or institutionalized.
4. Minnesota Long-Term Homeless: Persons meeting Minnesota's LTH definition will be given priority for Minnesota funded programs after Chronic Homeless persons.
5. US veterans ineligible for federal, state or county Veterans benefits: Preference in permanent supportive housing will be given to US veterans who do not qualify for other veteran's services due to discharge status. Preference applies when VI-SPDAT or SPDAT score and other priorities are equal.
6. High Service Needs: Persons with high service usage and needs, as determined by the VI-SPDAT or SPDAT score, will be prioritized for permanent supportive housing following chronic homeless and long-term homeless priorities.

The Continuum has adopted the following policy on service targeting:

1. Prevention: Funds may be used to provide relocation, stabilization, and short-term rental assistance for low barrier households.
2. Emergency Shelter: Funds may be used to provide emergency shelter, motel vouchers, onsite meals, personal hygiene, case management, advocacy and housing linkage for anyone seeking shelter and known to be without safe and secure overnight sleeping accommodations.
3. Motel Voucher: Funds may be used to provide a 1-5 nights motel stay and limited case management for anyone seeking shelter known to be without safe and secure overnight sleeping accommodations and cannot access or are not eligible for emergency shelter.
4. Domestic Violence Shelter: Funds may be used to provide temporary shelter and support services for persons escaping violent or abuse situations.
5. Transitional Housing: Funds may be used to provide TH to persons who meet the federal and/or state definition of homelessness, who have moderate barriers, who display an ability to increase their income enough at exit to financially maintain stable housing; and who show a willingness to develop a housing stability plan and goals and meet with program Case manager. Individuals who have failed out of Transitional Housing in our CoC in the past will be ineligible for THP and referred to PSH. Program guidelines include:

- Financial Literacy: Basic budgeting, credit repair, debt management, consumer protection issues.
- Rental Assistance:
    - Note: Adjusted gross income is utilized for HUD.
    - 30%
    - Every 3 months.
    - Agency assistance is not to exceed the FMR.
- Case Management: Service to include needs assessment, benefits/eligibility screening, information, referral, and advocacy as necessary
    - Expect weekly contact with Minimum of monthly contact
    - Require a minimum of monthly home visits.
    - CM must work with client to set goals and develop plan of action based on barriers assessment, personal goals with a minimum of plan to include increasing household income (employment income if applicable) and maintaining stable housing.
    - Evaluate goal and plan at least quarterly and monitor at least monthly.
    - Assure all school children are connected to the school liaison and enrolled in school within ___ days.
- Advocacy: Advocate on behalf consumer to access house and mainstream resources.
- Housing Education: teaching skill sets for interacting with landlords, basic concepts of leases, and expected behaviors of a tenant

6. Permanent Housing: Funds may be used to provide PH to persons who meet the federal and/or state definition of homeless, have high-moderate to high barriers, and who have a willingness to develop a housing stability plan and goals and meet with CM. Programs guidelines include:
    - No time limits;
    - Support Services offered based personal choice and barriers assessment;
        - Range of services from intensive to minimal and mandated to voluntary.
    - Assistance with Rent subsidies;
        - Note: Adjusted gross income is utilized for HUD.
        - Cannot pay more than 30% of income towards rent and utilities.
        - To be evaluated a minimum annually.
        - Rent must be reasonable.
    - Advocacy: Advocate on behalf consumer to access housing and mainstream resources.
    - Housing Stability Plan: Consumer driven housing plan based on barriers assessment.
    - Housing Education: Basic tenant education on teaching skills

    Types and targeting of Permanent Housing includes:
    - Rapid Re-housing – moderate barrier singles or families with income or income potential
    - Permanent Supportive Housing – high barrier singles or families
    - Long-Term Homeless Beds – long-term homeless singles or families
    - Permanent Supportive Housing for Chronic Homeless – Chronic singles or families.

EDUCATION AND FAMILY STABILIZATION

1. Education: The CoC adopted a policy (see CoC website) requiring all projects to assure school age children are linked to the local school liaison to ensure rapid enrollment (within 3 days) and access to other McKinney-Vento services.
2. Family Stabilization: The West Central MN Continuum of Care has established a policy assuring that families experiencing homelessness should not be separated unless the health and well-being of children are at immediate risk. In addition, a broad definition of family should be used that allows for female headed, male-headed, two parent, same sex parent, LGBT parent, and extended families to be served together with their children.